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PART FIRST.

Original Communications.

ART. I.—*Extracts from the Recorded Proceedings of the New York Medical and Surgical Society.*

MIDWIFERY.—At a stated meeting held March 15th, 1845, *Dr. Foster* reported a case of difficult labor, in which the Haighton Forceps, which are straight and rather longer than the ordinary short forceps, was successfully applied to the head, at the superior straight, after attempts had been made in vain to apply the long forceps with the double lever.

Dr. F. also related a case of a rather delicate woman, pregnant with her first child, in which venesection and antimonials were freely resorted to. Four days before the commencement of labor, as well as once about the middle of gestation, it had been necessary to bleed on account of symptoms threatening convulsions. In each case, xvi. ℥ of blood were taken with manifest relief. On the access of labor, the patient was kept awake all night, by pains of unusual severity. At 6 P. M., twenty-four hours after labor had begun, the head being still at the superior straight, and covered by the os uteri, which was only dilated far enough to admit the finger, xviii. ℥ of blood were taken. Three hours after, there being no alteration, the bleeding was repeated. After each bleeding the pains became stronger than before, and having always the true expulsive character. The os uteri became dilated about an inch and a quarter in diameter, and remained stationary. At half past ten I gave a solution of tartarized antimony (vi. gr. to the i. ℥), a table spoonful was given at first, afterwards increasing the dose until the expiration of an hour. No perceptible effect having been produced, she took all that was left of the solution, 1½ ℥—this finally had the desired effect. The parts relaxed perfectly, and the pains continuing strong, she was delivered in half an hour of a strong and healthy child. No unusual weakness followed this active treatment; about an hour after the expulsion of the placenta, the patient vomited freely; but on the following morning, she was as well as women generally are after a severe labor.

HYDROCELE CURED BY ELECTRICITY.—*Dr. F. Campbell Stewart* mentioned having recently cured a large Hydrocele, seventeen inches in circumference, and thirteen and a half from pubis to its base, by *Electricity;* one needle was inserted into the cavity of the tunica vaginalis testis, also one through the cellular tissue over the scrotum. The application of electricity was continued half an hour, and was attended with intense pain. *In forty-eight hours the fluid had entirely disappeared.* A second case treated in a similar manner was not successful.

CROUP.—*Dr. J. A. Swett* reported having seen two cases of croup,* where a false membrane existed, *covering the mouth and gums*, but was thicker in the throat. In one case, the child had neither coughed nor cried, twenty-four hours before the appearance of the false membrane.

STATED MEETING—*April 5th*, 1845.

INSANITY.—*Dr. James Macdonald* related a case of *Insanity*, occurring in a healthy boy, four years old. The first symptoms seemed to follow a fit of anger. He was refused permission to go into the coun-

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* During a late residence at Geneva, N. Y. (Oct. and Nov., 1845), we found the membranous form of croup of very frequent occurrence, so much so, as to merit the appellation of epidemic. In three families, two children died in each, of the disease, in the course of two weeks, besides several others in different parts of the village. The disease came on for the most part very insidiously, with the usual symptoms of a cold, attended with a dry barking, ringing cough, a total suppression of the natural mucous secretion, and a deposit of albumen at a very early period of the disease. The larynx was evidently the part first affected, the inflammation gradually extending down the bronchi, until the whole mucous surface of the pulmonary structure was involved. The fatality of the disease was perhaps owing, in a great measure, to the late period at which the physician was called in. In three instances, however, which came within our knowledge, a homœopathic physician was called at a very early period, but the disease went on unchecked unto a fatal termination. In one instance a false membrane of tubular form, some two inches or more in length, was thrown off in the act of vomiting, after calomel had been given in two grain doses, every two hours, for twenty-four hours, with ipecacuanha in sufficient doses to keep up constant nausea. In this case, the patient, two and a half years old, died the day after the detachment of the membrane with every symptom of bronchitis, involving the minute structure of the lungs. In another instance, the operation of tracheotomy was performed by Dr. T. R. Spencer, on a fine boy of four years, and before there were any prominent signs that the disease had extended far below the chief rami of the bronchi; and although the operation was attended with striking and immediate relief (the general distress and dyspnœa being the greatest we have ever witnessed in this disease), the inflammation rapidly extended to the pulmonary cells, and death took place about twenty-four hours after the opening was made into the trachea. Both these cases occurred in the same family, and at the same time. A third child, the eldest, was attacked about the same time with the other two, but less severely. The disease was kept in check by antimony, ipecac, and hive syrup, followed by small doses of calomel and mercurial inunction over the trachea; by the two last remedies, the patient was supposed to have been saved. Is it owing to sensible changes in the atmosphere, in relation to heat and cold, moisture or dryness, &c., that croup is more rife at some periods than at others; or, is there some specific and unknown cause, to which the complaint may more properly be attributed? In relation to treatment, we may observe, that in the only instances in which we have succeeded in saving the patient after the formation of an albuminous deposit in the trachea, we attributed our success to the constitutional effects of mercury, rapidly produced by inunction and internal exhibition. Its modus operandi in these cases seems to be not only by checking the albuminous secretion, and promoting the absorption of that already effused, but in bringing on the natural secretion of mucus, beneath the false membrane, by which the latter is loosened, and by the operation of emetics thrown off by expectoration.—ED.

try, and became very much excited. In the evening he was punished. This was followed by paroxysms of terror, the child having a frightened and startled look; sometimes he would become violent, striking at those around him, &c. This was in the latter part of June: there was heat of head, and the digestive organs were deranged. These latter were attended to, and then the shower-bath ordered; it however occasioned such terror that it was discontinued. A seton was placed in the back of the neck: some improvement followed, but the child again became worse, and gradually fell into a state of *idiocy*, passing urine and fæces involuntarily, losing the use of language, and acquiring a dull heavy look. The child was removed to the country, and on returning was attacked with intermittent fever of a tertian type. This was permitted to take its course, and continued till December. During its continuance, the mind gradually recovered its powers, so that by the middle of December the patient was entirely restored. There has been no instance of insanity in the family.

Small Pox.—*Dr. Dubois* mentioned a case of Petechial Small Pox, occurring in a young woman 18 or 19 years of age. The petechiæ were intermixed with the eruption, and the former were so numerous that the finger could scarcely be applied to the surface without touching one. There had been hæmorrhage from the lungs and vagina. The premonitory symptoms had been slight.

Dr. Macdonald remarked that he had seen several similar cases of disease, one of which had recovered under the use of brandy. In the hospital he had seen several cases, all of which had died before the eruption had well appeared.

Dr. Buckley had seen mild purpura occur along with varioloid, and attended with no danger.

Dr. Post mentioned a case of Small Pox, which had occurred in the hospital, where the patient had not been outside of the Institution for 4 or 5 months, and no case of Small Pox had been admitted into the building.

Hydrocephalus.—*Dr. Swett* related a post mortem examination of a child 15 months old, who had died of Hydrocephalus. Previous to the occurrence of the fatal illness, the child had been healthy, though fretful from teething. On the physician being called, he found the child without fever; pulse slow, about 60; it was irritable and peevish; convulsions afterwards ensued, terminating in coma. The child had not been subject to cough, though some cough had been present a day or two before death. On opening the head, the arachnoid membrane was found somewhat opaque, particularly over the convolutions of the brain; there was much milky serum between it and the pia mater: there were also numerous little hard bodies about the size of a pin's head, and of a whitish or yellowish color, having their seat in the pia mater at the base of the brain. These bodies were particularly numerous about the fissure of Silvius. On removing the membrane, the substance of the brain itself was found somewhat congested; on cutting into its substance a copious discharge of serum took place from the ventricles. The formix and septum lucidum were reduced to a pulp. The base of the ventricles was superficially softened. The rest of the brain was natural.

On opening the chest, the summit of the left lung adhered, in a space

the size of a half dollar. On removing the lung and cutting into it, a mass of unsoftened tuberculous matter was found, about the size of a hickory nut. The rest of the lungs, together with the bronchial glands, were healthy. In the abdomen, the spleen was studded with tubercles, of which there were perhaps 50 of moderate size. The mesenteric glands were slightly enlarged, but with no tuberculous deposite. The parents of the child were healthy, but the father was between 65 and 70, the mother young.

Croup.—*Dr. Swett* recurred to a case formerly reported. On visiting a child affected with croup, accompanied by false membrane lining the tonsils, his attention was called to another child in the room, 4 years of age, who had been vomited in the morning on account of the occasional croupy cough. At the time of my visit there was neither cough nor affection of voice present. On examining the throat, patches of false membrane existed here and there on the tonsils. Dr. S. cautioned the physician in attendance on the subject, and advised the application of a solution of the nitrate of silver. The disease, however, went on; the child was attacked with symptoms of croup, and died in a few days.

Hay Asthma.—*Dr. Swett* also had met with another singular case. He had been called into the country to visit a gentleman 70 years of age, apparently laboring under asthma. The patient, who had always been healthy and free from cough, rose at night, laboring under a violent paroxysm of dyspnœa. A physician was called in, who bled him with some relief, but the disease recurred. The paroxysm would generally last 15 or 20 minutes, and then subsiding, the patient would remain free from distress for several hours. On one occasion, the interval had been as long as 48 hours. Dr. S. found the patient on his arrival apparently well, with the exception of slight oppression of breathing. On examination, the respiration was found good, the action of the heart regular, and the pulse regular. Recollecting that asthma was occasionally brought on by breathing particular odors, Dr. S. inquired whether the patient had been exposed to anything unusual of the kind. The physician in attendance stated that he had, on the day of the attack, been employed in getting apples from a pit covered with hay. The hay and a portion of the apples had decayed, and gave out an offensive odor, which was probably the cause of the attack. Reference was then made to several cases, in which asthma had been produced by similar causes. The case of Dr. Perkins was mentioned, in whom asthma had been invariably produced by the smell of ipecacuanha. Dr. P. one day entered a drug store, and was instantly seized with the oppression of breathing, which precedes an attack. On inquiring, it was discovered that a clerk had two hours previously opened and exposed the powder of ipecac in weighing half an ounce.

Dr. H. Green related the case of Captain B. who had suffered for some time from chronic bronchial affection, attended sometimes at night with a sudden sense of suffocation, so intense as to cause a fear of immediate death. No cause was found on examination, until looking at the throat the uvula was found enormously enlarged, being about two inches long, and much thickened. On removing $1\frac{3}{4}$ inches of the elongated uvula the patient was cured. That portion of uvula removed, was of the length mentioned, and as thick as the little finger.

STATED MEETING—*April 19th*, 1845.

FATAL VACCINIA DURING WHOOPING COUGH.—*Dr. Vandervoort* reported a fatal case of *vaccinia* during whooping cough. The child was apparently of a healthy constitution, and vaccinated with the view of cutting short the disease. He was called to see the child on the third or fourth day, when hæmorrhage had occurred at the point of vaccination. The hæmorrhage had much increased during the paroxysm of coughing. This state of things continued for three weeks, notwithstanding the treatment, which had consisted in the application of cold and astringents, the child dying at length in a state of perfect anœmia. Dr. V. also mentions an instance of the purgative effect of *Pulv. Ipecacuanhæ Comp.* when administered as a sudorific.

HYDROCELE.—*Dr. Buel* reported having cured a case of hydrocele of long standing, by injection. There was considerable enlargement of the testicle, and the patient was predisposed to tuberculous disease. Dr. B. remarked upon the influence which discrepancy of age might have in inducing scrofulous disease, and mentioned a case where the father was sixty years and the mother was thirty, the offspring having an eczematous eruption upon different parts of the body; also an obstinate case of ophthalmia ensuing upon vaccination. Dr. B. also stated that he had cured three cases of *nævi* by vaccination; in one case the *nævus* was of the size of a Lima-bean, and situated on the wrist.

SUBCUTANEOUS TUMORS, &C.—*Dr. A. C. Post* reported a case occurring in hospital practice, of the existence of numerous irregular, hard subcutaneous tumors situated upon the thorax and abdomen. The two larger situated upon the thorax were two and a half inches in diameter: the patient complained of excruciating pain in the head and irritability of the stomach; was delirious several days and finally became comatose, with hemiplegia of the left side, and extreme dilatation of the right pupil. Blisters applied to the scalp afforded little or no relief, but repeated moxas to the nucha effected a cure. The irritability of the stomach was relieved by ice, and hydrocyanic acid. *Congenital erectile tumor.*—Dr. P. also mentioned having been consulted by a man aged twenty-seven, with a congenital, erectile tumor occupying the left cheek: the veins in the vicinity were enlarged. The tumor had remained quiescent for years, but had enlarged more rapidly within the last three years. The patient had remarked to Dr. P. that the tumor had increased very much in size in the spring of the year; also whenever he became excited. It had recently become quite inconvenient; hence an operation was decided upon. The left carotid artery was ligated on the 12th of April: there was a perceptible diminution in the size of the tumor after the operation, and which has continued to decrease. The circulation had not been re-established on the 19th of April. Dr. P. mentioned having recently performed the operation of lithotomy on a boy 5 years of age, and removed two calculi of irregular shape; thirty hours after the operation, the patient commenced passing urine through the urethra, and none through the wound, showing a perfect control over the bladder. Dr. P. remarked that a year previous he had performed a similar operation upon the boy; and that in the latter instance, he found the calculus to be friable, crushing beneath the forceps. The fragments

were removed and the bladder carefully washed, convalescence was rapid; four months afterwards the symptoms of calculus again appeared, which led to the operation first mentioned.

STRANGULATED HERNIA.—*Dr. J. H. Griscom* reported a fatal case of strangulated femoral hernia; also another case of strangulated hernia, both of which had been mistaken for constipation, and treated by everything in the purgative line. When Dr. G. was called, he immediately asked if hernia existed, which, on examination, was found to be the case. *A tobacco enema* was used (in one instance) which produced prostration and vomiting; the hernia was readily reduced, and the patient recovered.

ENTERITIS, WITH MALFORMATION OF INTESTINAL CANAL.—*Dr. Swett* reported a case of inflammation of the muscular coat of the intestinal canal, producing constipation, fever, tension of abdomen, stercoraceous vomiting, &c. On *post mortem* examination, the *ilium* was found wholly wanting. There were fourteen feet of intestine, the jejunum terminating directly in the colon.

ANCHYLOSIS OF KNEE-JOINT.—*Dr. G. Buck* mentioned the result of an operation performed by him some time since on a man, viz.: the excision of a portion of the tibia and femur for anchylosed knee-joint; and stated that the limb was firm and strong, and that the patient was about to return home to Canada.

Dr. Green read a report of a fatal case of *puerperal mania*, and *Dr. Macdonald* of a fatal case of *insanity* (both of which we hope to be able to publish in our next number).

FOLLICULAR DISEASE OF THE BOWELS.—*Dr. Maxwell* mentioned the case of a lady with follicular disease of the bowels; who had been treated three weeks prior to her accouchement by a celebrated homœopathic physician. On the 3d day after her accouchement, Dr. M. was called in, and found that she had had twenty-one dejections attended with much tenesmus; and although the same condition of the bowels had existed from the first, the physician in attendance had stated that nature must take her course, and that he could, or would not, stay the progress of the disease.

STATED MEETING—*May 3d*, 1845.

HEMIPLEGIA.—*Dr. S. P. White* reported a case of hemiplegia of right side, in a lady fifty-nine years of age, who had arrived at church in perfect health, and during the service was observed to be apparently sleeping; the countenance presented a peculiar expression, although mistaken for that of sleep. The Dr. was called immediately after service, and found her speechless and motionless, with the peculiar expression above mentioned. The pulse was full and hard. She was bled in the erect posture, until the pulse became natural, and nausea ensued. She was removed to her dwelling; purgatives and revulsive remedies were then used; the patient rallied a little, but the power of speech and of the right side was never restored, and death ensued on the fourth day after the attack.

Fatal Convulsions.—*Dr. Post* mentioned having been called to a child four and a half years of age, who had then been laboring under violent and incessant convulsions for half an hour, with loss of consciousness. He had been placed in a warm bath, and sinapisms applied to the feet before he arrived. Cold was applied to the head, cathartics and repeated enemata administered with some relief. The pulse could not be felt in consequence of the violent movements. The countenance was flushed and veins turgid. On opening a vein in the arm the blood flowed with astonishing impetuosity. Twelve ounces were drawn without producing any decided impression. There had been some little diminution of convulsions, but they returned with as great violence, and continued 2½ hours, when the child died. It had not been in good health for 18 months previous.

Tumor in Nasal Cavity.—*Dr. Post* also mentioned having operated, May 2d, 1845, in the removal of a tumor in the nasal cavity. The subject was of spare habit, and the disease had been coming on for six months in the right nostril and fauces, and for six weeks past, had increased very rapidly. The tumor had depressed the velum, but did not adhere to it. It could be felt with the finger from the posterior fauces. It also filled partially the left nasal cavity. It was hard, irregular, and moveable; gave pain, and bled when handled. The tumor was drawn down, but could not be detached. A wire was passed along the floor of the nasal cavity, and by the assistance of the finger at the posterior fauces an attempt was made to pass it around the tumor. In this he was unsuccessful. The tumor was again drawn down; but a portion of it only could be excised. It bled about 10 ℥, when the bleeding was controlled by drawing the wire. The tumor presented a schirrous character, with the exception that it did not present the appearance of bands; neither could fatty matter be pressed out of it. Dr. P. suggested at the time of the operation the propriety of dissecting off the nose, thus opening the nasal cavity, and removing the tumor. In this plan, however, there was not a concurrence of opinion. The Dr. had no doubt but he would have been successful in the removal of the tumor, if this plan had been pursued—as it was, the operation did not succeed.

Recurrence of Measles.—*Dr. Vandervoort* mentioned that a patient who had a severe attack of measles about two years ago, had experienced a second attack recently. The eruption appeared on the 4th day, with slight sore throat, and abdominal tenderness, absence of cough, and sore eyes. The Dr. remarked that, according to his experience, whenever abdominal tenderness existed, the catarrhal symptoms were usually very slight.

Poisoning by Opium.—*Dr. Stewart* reported that he had been called to a young man who had taken ℥ j of tinct. opii., and was relieved by an emetic and stimulants. On the following day the young man called at the Doctor's office and thanked him for his attention; while sitting in his chair he was observed by the Dr. to be disposed to sleep; charged him with having taken laudanum again. He was sent home. He resisted the use of the stomach pump; 60 grs. of sulph. zinc were immediately administered without producing any effect. Two ounces of mustard seed were then given with the desired effect.

Abscess in the Iliac Fossa.—*Dr. Stewart* also reported the case of a boy 4 years of age. A few hours after eating gingerbread and apples, he complained of pain in the iliac fossa. Cathartics were given, and leeches applied over the seat of pain. The case, however, terminated fatally. On examination after death, the cavity of the peritoneum was found to contain a pint of purulent matter. There was an abscess, the size of a walnut, in the iliac fossa, without the peritoneum. The vermiform appendix of the cæcum was gangrenous, and stopped up with fæcal matter. The ileo-cæcal valve was congested and softened, communicating with the abscess.

Secondary Syphilis.—*Dr. McCready* mentioned having treated a man successfully with mercury, who labored under secondary syphilis, after other remedies had failed. He had had sore throat, eruptions, and periostitis, and finally lost the sight of one eye. The iris was not affected. Put upon the use of mercury, and sight was restored. Concluded that it must have been periostitis involving the socket of the eye, and thus obstructing vision by pressure on the nerve.

Rheumatism.—*Dr. McCready* reported having successfully treated two cases of acute rheumatism by the saturated tincture of the root of the *aconite;* commencing with 6 drops, increased to 10 drops, three times a day.

Dr. Post mentioned a case where a needle had been run into the foot, in the region of the internal plantar nerve. It could not be found; it produced great pain along the nerve, and epilepsy. Cure was effected by rubbing $\frac{1}{8}$ gr. of *veratrina* along the course of the nerve three times a day.

Chorea.—*Dr. Beadle* stated that on a former occasion he had reported several cases of chorea, successfully treated by the use of the tincture of black cahash (*actæa racemosa*), that he had recently given it to a patient aged nine years, but not with the usual good effects. He had then resorted to *Fowler's solution*, five drops three times daily, with the effect of speedily accomplishing a cure.

Tetanus.—*Dr. H. D. Buckley* reported a fatal case of tetanus following a punctured wound from a nail. Assafœtida was freely given to the extent of 300 grains in twenty-four hours; with extract of belladonna; assafœtida enemata, and brandy. Dr. B. also mentions the favorable effects he had derived from the application of leeches to the lip for lepus hypertrophy, followed by the use of *Donovan's liquor arsen.*, gtts. xv., three times a day, with douches and fumigations of iodine of lead. In six weeks the patient was nearly cured.

Stated Meeting—*May* 17, 1845.

Natural Cow-Pox.—*Dr. Post* mentioned having lately seen an interesting case of natural cow-pox derived directly from the cow. It occurred in a young milkman, who stated that he believed he had had the small-pox when a child. There were four or five well-formed, circular, pearl-colored vesicles, on each hand about the knuckles. The hands were swollen, and the axilla painful.*

* Two or three years since, we observed the cow-pox in a cow that was kept on board one of the New York and Liverpool packets, for the purpose of furnishing

Dr. P. stated that an interesting specimen had been handed to him a day or two since. A gentleman at present at the Astor House, had last summer eaten some cherries and swallowed the stones. Since then his health had been greatly impaired. He had been subject to indigestion, attended with hectic fever. Last week he took an emetic and vomited twelve cherry stones;—of these Dr. P. brought three with him; the surface of them was blackened, and they were commencing to split. Dr. *Clark* stated that Dr. Jackson of Boston preserved a small box of shot, taken from the body of a sporting gentleman, who had shot a bird, and then ate it, swallowing the shot. His death was occasioned by disease, having no connexion with the shot.

Cancer of Lip.—*Dr. Post* mentioned having recently operated at the hospital for the removal of cancer of the lip. The cancer was in the middle of the lip; the adjacent parts were sound; then there was another tubercle, and next to that a fissure. He had operated according to the method of M. Serres of Montpelier, by which the disagreeable puckering of the lip attendant upon the ordinary method of taking out a triangular piece, was avoided; a quadrangular piece, including the diseased portion, was removed, and the lower incision extended both ways into the cheek. The edges of the vertical cuts were then brought together to form a new lip.

Aneurism.—*Dr. G. Buck* mentioned having seen to-day with Dr. Hoffman, a patient at Sing Sing. The man, a prisoner, when received last winter, was laboring under popliteal aneurism. Pressure was tried at first, but failed, and the ordinary operation was afterwards resorted to, which proved successful. The tumor, and its attendant lameness, afterwards gradually disappeared. On examining the patient, an aneurism was found in the popliteal space of the right leg, smaller than the first, being about half the size of an egg. On examining the limb formerly operated on, could find no vestige of the former tumor. There was no disease of the heart, nor anything discoverable to account for the formation of the second aneurism.

Vaccination and Revaccination.—*Dr. F. C. Stewart* read a report of cases of vaccination and revaccination in 135 cases of children under the age of fifteen years, and most of them in a public institution.

Class I.—*Of those possessing large and evident scars, the result of previous vaccination, there were seventy-one.*

Class II.—*Of those in whom the signs of previous vaccination were undecided, or the scars doubtful, there were thirteen.*

Class III.—*Of those in whom no trace of previous vaccination could be detected, there were fifty-one. Total, one hundred and thirty-five.*

Results.—But of the seventy-one (1st Class) vaccination succeeded in nineteen, giving about 26⅔ per cent. In these cases there were some very well marked vesicles close along side of the old scars. But of the 2d Class, or those in whom there were doubtful traces of previous vac-

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milk to the passengers. There were several large, well-formed pock on the udder, and we were informed by an officer of the vessel that the disease was of very frequent occurrence in cows kept on board of packet ships—we took some of the matter, and vaccinated several children with it, but in no instance did it take effect.—*Ed.*

cination, nine out of the thirteen took; giving a per centage of 70. Of those belonging to the 3d Class, comprising fifty-one, in whom no trace of previous vaccination could be detected, the operation was successful in forty-three, about 80 per cent. Some remarks having been made on petechial Small Pox, Dr. Clark stated that he had been informed by Dr. Osgood, attached to the Hospital on Blackwell's Island, that of sixty cases of small pox on the island, three had been petechial, all of whom had died.

Aphonia and Ulceration of Larynx.—*Dr. H. Green* stated that he had lately treated two cases of *aphonia*. In the first case it resulted apparently from the ulceration of the vocal ligaments. The disease of the larynx was of three years' standing; the aphonia had existed for two years. The case presented *all* the symptoms of ulceration of the larynx, given by Louis and Trousseau. After fifteen days daily application of the solution of nitrate of silver, of the strength of from forty to sixty grains to the ounce, the patient returned home at Connecticut, partially relieved. The next week Dr. G. received a letter stating that the cough had subsided, and the voice returned, and that he was much, if not permanently relieved. Dr. G. had been able to distinguish no physical signs of tuberculous lungs. The patient had had several slight attacks of hæmoptysis. The second case was that of a lady, who had been suffering from eighteen months to two years, from a chronic affection of the throat. For two months she had been laboring under complete aphonia. When Dr. G. called for the first time, she could not whisper so as to be heard five feet distant. The larynx was cauterized six times, when the voice returned. *Dr. Bulkley* inquired of Dr. G. whether he did not think the result might not have followed cauterization of the throat alone, and stated that he had seen a case, in which a lady was subject to occasional aphonia, where a caustic solution (20 grs. *nitrat., argent,* to ℥) was applied about twelve times, for the most part every day with entire relief, and the relief continued permanent. Some remarks were then made by *Dr. Buck* as to the difficulty of distinguishing whether the matter removed on a sponge used for the application of a caustic solution, was purulent or not.

Headache.—Dr. McCready related cases of violent headache relieved by the use of the saturated *Tincture of Aconite* in doses of from four to five drops taken internally.

Stated Meeting—*June 7th*, 1845.

Scirrhous Uterus.—*Dr. Griscom* related the post-mortem examination of a woman 52 years of age, who had died of scirrhous uterus. She had been complaining for 9 years. On examination the *os tincæ*, and the posterior third of the uterus, were destroyed, involving the adjacent tissues.

Acute Hydrocephalus.—*Dr. Swett* related a case of what is usually called acute hydrocephalus, in a child 1 year of age. It was seized on the 6th of May with convulsions of the left side of the body; had had a cough for two months before convulsions; had emaciated, and was teething; at or about the same time had fallen off a bed, but appeared not to be injured. The skin was warm; pulse accelerated; bowels constipated, and gums swollen (which were lanced). Administered a purgative of calomel, and ordered a warm bath. During the night I was called to

see the child: found it vomiting, attended with fever and cough. Respiration was hurried; pulse 120; in convulsions, which continued 8 days, remitting; eyes squinting; pupils natural: notwithstanding the treatment, it became more and more stupid; pupils became dilated and sluggish; coma followed. Before death a discharge took place from the right ear; about which, there had been neither tenderness nor swelling. The child appeared to be somewhat relieved after the discharge took place. In a day or two fever set in; respiration became hurried and oppressed, and continued in this state for 24 hours, when death took place.

Autopsy.—The convolutions of the brain appeared packed together; the arachnoid membrane opaque; on the right side of the brain, there was sub-arachnoid effusion of lymph, and white granulations. The same was observed at the base of the brain, and on the left hemisphere under the arachnoid membrane; the same was found in the fissure of Silvius. The ventricles were distended with semi-transparent fluid. The lungs, liver, spleen, kidneys, bladder, and intestines were studded with granulations. The mesenteric glands were enlarged, and contained tubercles. There was caries of the temporal bone; a needle could be passed into the brain through the ear.

STATED MEETING—*June* 21, 1845.

PROTRACTED LABOR.—*Dr. Post* mentioned a case of protracted labor in a young married lady. She had been married in October; during the month of March, she had been attacked with diarrhœa, which had continued 3 weeks, at which time the disease was controlled by the usual remedies, farinaceous diet, and keeping still in bed. On the 11th of May, 7 months after marriage, labor began and continued five days, with regular pains, which then ceased by the use of anodynes. In the beginning of June, she was again seized with labor pains; during the interval of the pains, the diarrhœa became aggravated; the labor progressed, and she was delivered of a child weighing five pounds, since which there had been no return of diarrhœa.

ABSENCE OF PECTORALIS MAJOR MUSCLE.—*Dr. P.* also reported an instance of such deficiency on the right side, with the exception of a small slip of the clavicular origin, which was very strong.

MALPRACTICE—PLEURITIS WITH PERITONITIS.—*Dr. Buel* reported an instance of violent disease, which had terminated fatally in forty-eight hours, under the treatment of an apothecary, who was entirely ignorant of the nature of the attack; the subject, a married woman of healthy constitution, who had contracted a cold during menstruation, having exposed herself at washing. (Not seen by Dr. B. till just before death.) Autopsical examination revealed that there was double pleurisy, with traces of lymphatic deposit. There had been peritonitis, which Dr. B. considered to have been the original disease. There was extensive effusion of lymph in the cavity of the peritoneum, with adhesion of the intestines.

DIABETES.—*Dr. Bulkley* reported a case of *diabetes*, presenting symptoms entirely new to him. The subject was a lady aged forty years. She had been under treatment two years; when first seen by Dr. B. she

voided from six to eight quarts of urine daily. By adhering rigidly to the use of animal food, and using *phosphate of iron*, the quantity of urine had diminished to two quarts. Six months ago she was placed upon the use of *valerian*, and the *ammoniated copper*. Under this plan of treatment she had improved, while the thirst had abated. Dr. B. had observed that the urine was deprived of saccharine matter. Last night, June 20th, was called to see the lady, and found her with a pulse of 140; respiration very laborious; skin cold; breath very offensive; great restlessness; the bowels had been perfectly regular since she had begun to use the copper; previously to the use of which, the eating of half a dozen hickory nuts kept the bowels regular. A week previously to this attack she had eaten of *peas*, and shortly afterwards she observed that her breathing became oppressed with palpitation. Dr. B. administered *ol. ricini*, also an enema, which operated. He then gave *assafœtida*, and she rested well that night. This morning found her pulse 140; respiration 24; percussion clear over the chest; tongue inclined to be dry. Administered stimulants, wine, whey, and ammonia in the afternoon. The quantity of urine continued to be about one quart in twenty-four hours. There had been no change in the color or odor of the urine.

Epilepsy.—*Dr. Macdonald* reported a case of epilepsy in a man aged forty-five years, who previously had enjoyed fair health; although he had had symptoms of dyspepsia. He was attacked during the night, after returning from a fishing excursion, having been observed by a friend who slept in the same room. Dr. M. saw him in the morning; he continued in the epileptic state till 12 A. M., without five minutes' cessation. The convulsions were frightful; and so severe, that it was ten days before he became conscious of his situation. The pulse remained unaltered. He was bled, and counter-irritants were used all over the body. Administered 220 drops of tincture of opium in two separate potions. Convulsions shortly ceased.

Absence of Uterus.—*Dr. Foster* reported a case of a young lady, twenty-three years of age, who had never menstruated, and that the breasts were well developed, and that upon examination there was no evidence of the existence of uterus. He also further stated that he had used *iodine* successfully as an emmenagogue, where the menses had been suspended ten months, preceded by bleeding and purgatives. (*Adjourned to meet in September next.*)

Regular Meeting—*Sept. 6th*, 1845.

Dr. Vandervoort called the attention of the Society to the frequent occurrence of uterine hæmorrhage following parturition, and preceding the expulsion of the placenta, and stated a case. *Dr. White* reported a similar case, in a female who was supposed to have overrun her time three months.

Dr. McCready reported a case of delivery, in which the fœtus, with membranes complete, was expelled. The placenta was attached near the *os tincæ*. The child was still-born.

Severe injury: recovery.—*Dr. Post* stated that he was called about three weeks since to see a boy seven years of age, who had fallen from a second story window upon an iron railing. Two of the pointed rails entered the body; one near the crest of the ilium, producing a wound

between two and three inches in length: the other behind and above the right ear, entering the skull, causing the protrusion of a portion of the brain. He was seen by Dr. P. two hours after the injury, at which time he was lying in a tranquil sleep. The wound of the head was enlarged, and the depressed bone elevated. For thirty hours he did not pass urine. This difficulty was relieved by the use of spts. nit. dulc. No symptoms of cerebral disturbance appeared, and he is now sufficiently well to go down stairs.

Dr. Green reported a case of injury of the head, occurring in a son of Major Noah, aged eight years, occasioned by a stick of timber falling upon the cranium. The injury was very extensive; eight pieces of bone were removed; requiring an incision nine inches in length.

Dr. Swett remarked that in conversation with a physician, he had been informed, that, in four cases of "*coup de soleil*," two died who were bled, and two, to whom moderate stimulants were given, recovered. This corresponded with his observations at the hospital during the summer. Dr. S. thought that the effects attributed to this cause (*coup de soleil*) were owing to exhaustion of the nervous system. The post mortem examinations showed no congestion of the brain and lungs, which is generally considered to be present in such cases.* (*Adjourned.*)

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* Our able collaborator, *Dr. B. Dowler*, of New Orleans, has probably thrown more light on the subject of *Coup de Soleil*, or *Sun-Stroke*, than any preceding writers. He has arranged solar diseases under the following divisions:—I. *Solar Exhaustion, or Syncope;* II. *Solar or Sun-pain;* III. *Solar Excitement, or Inflammation:* IV. *Solar Asphyxia.* According to Dr. D., solar exhaustion differs from solar asphyxia, both in symptoms and treatment. In solar asphyxia, the skin is extremely hot, and generally dry; there is a choking sensation and a total loss of sense. In solar exhaustion, the skin is moist, pale, and cool; the breathing is easy, though hurried; the pulse is small and soft; the vital forces fall into a temporary collapse, the senses remaining entire. Horizontal position, free air in the shade, external stimulants and frictions, are usually sufficient to restore the patient. Vomiting is very useful, and is easily excited, as there is usually nausea; warm water, and, if necessary, a few grains of ipecac may be given. Vomiting appears to throw the blood from the centre to the circumference. The pulse rises. Dr. D. thinks that that fatal disease of northern summers, occurring only in very hot weather, and which is generally ascribed to drinking cold water, is probably nothing but solar exhaustion, in which cold water has but a secondary agency. Solar, or, as it is commonly called by the people, sun-pain, is a chronic disease, in which the abdominal organs are more or less deranged, though the most remarkable symptom is pain in the head, while the sun is above the horizon. Solar excitement, or inflammatory reaction, sometimes follows solar asphyxia in the second degree, being attended with febrile heats, arterial throbbings, and headaches.

Dr. D. remarks that "*solar asphyxia*, or *coup de soleil*, has long been regarded as apoplexy; the entire loss of the senses, the universal paralysis, all seem, at first view, to sustain that common but erroneous opinion. In the worst cases of apoplexy, the patient is not always instantaneously deprived of volition, feeling and motion. The apoplectic, in the early stages of the malady, may be awakened, and can answer, though not able to speak more than a word or two. He will generally open his eyes on being spoken to; can swallow, and will start from the lancet, or the application of ice; and he possesses some power to move the muscles. Nothing of all this happens in solar asphyxia. Effusion of blood upon the brain, extravasation into the ventricles or substance, as well as congestion, are much more gradual in their effects. The depression of large portions of the skull, and the presence of enormous dots upon the brain, do not destroy all sensibility. The worst cases of apoplexy last from twelve to twenty-four hours generally; solar asphyxia as many minutes. Apoplexy affects one side, or half the body, with palsy, and sometimes is attended with convulsions. After the apoplectic fit goes off, the palsy often remains; sometimes permanently. Nothing of the kind occurs in solar asphyxia. In the former, the breath-

REGULAR MEETING.—*Sept. 20th*, 1845.

Dr. Foster stated that he had reported at a previous meeting a case of a woman, aged 23 years, who had neither uterus, nor ovaries, and that he had examined the patient recently and found the breasts small, instead of being moderately developed, as reported; and that the mons veneris and vulva were small,—about the size of a girl's 10 or 12 years of age,—that the vagina was two inches in length; the clitoris well formed, and became erect during examination of vagina by the finger.

HEMIPLEGIA.—*Dr. F.* reported also a case of hemiplegia in a child during dentition: he had lost the use of the left leg entirely, but had the partial use of the left arm. The treatment consisted in the use of stimulants, applied externally; under which the limb had been restored.

LITHOTOMY.—*Dr. Stone* detailed the steps of the operation of lithotomy. During the month of June, James Daly, aged 8 years, was brought to him, suffering from stone in the bladder—the symptoms of which had been present for nearly four years. Latterly he had had no rest,—had frequent calls to pass his urine, and when he did pass it, was seized with shiverings and shrieked from pain; grew thin and could hardly lie in bed; was obliged to sit up, and recline upon pillows placed upon the back of a chair.

I sounded him six or seven times and generally detected the stone,

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ing is unfrequent and snoring; the pulse is slow and hard. In the latter, the breathing is quick and rattling; the pulse rapid and gaseous. The former happens to the rich, the luxurious, the sedentary, the corpulent, the plethoric, those who have thick, short necks; the latter happens to the poor, the laborer, the exposed, who undergo hardship. The former happens in cold weather and in hot, in the day-time and at night; the latter only in hot weather and during the day. Solar asphyxia has no premonitory symptoms, except a sudden heat and dryness of the skin; neither headache, scintillations, nor any cerebral affection."

"Solar Asphyxia is probably an universal lesion of the nervous system; but more particularly of that part which is necessary to the pulmonary circulation. The blood which suddenly accumulates in the lungs, ceases to be arterialized; it gorges not only the blood-vessels, but infiltrates the pulmonary substance, forming the most perfect example of hyperæmia, and even penetrates the coverings of the lungs,—*pleura pulmonalis*,—and is copiously effused into the cavity of the chest, as I have repeatedly noticed. In this contest, the lungs are, probably, throughout the attack, in a collapsed, or passive state, permitting the blood not only to distend its proper vessels, but to permeate freely throughout the pulmonary texture, until the lung is, perhaps, one fourth heavier than usual. Whether the pulmonary congestion be the primary or secondary condition of isolation, I will not say; but I must remark, that of all morbid appearances of a congestive character, this is the least equivocal, so far as I have examined. Here nothing is ambiguous; the congestion and hyperæmia are truly wonderful. 'Although physiology teaches us that man is endowed with the power of maintaining the same heat of his body in all climates and situations, with few exceptions, still it is possible, under peculiar circumstances, that the body may become actually heated. A chemico-vital refrigeration, by means of perspiration or evaporation, is constantly going on,—in health especially, in hot climates. The fire-kings themselves, when in a heat of 500° or 600°, would roast and turn into cinders, were it not for this refrigerating process, in conjunction with a vital energy, which, for a time, neutralize the accumulating power of caloric. The solar heat probably accumulates upon the surface of the body faster than nature can refrigerate through the lungs and the skin, by evaporation; inequilibrium presses upon the vital energy, which being exhausted in the contest, as well as by excessive labor, is unable longer to neutralize the excess of temperature,—often 40° more than that of the body. Vital chemistry is unequal to the task of preventing the conduction of heat into the body, and death is the consequence."—(*N. Y. Med. Gaz., vol.* i., p. 209.)

but not always. Twice I was unsuccessful, although the stone was of considerable size. Dr. Foster, who had been requested to sound him during my absence from town, was also unsuccessful. Having kept him quiet for a few days, on gruel diet, and flax-seed tea with soda in it, I proceeded to the operation the 29th of June. The day previous, his bowels were evacuated by a dose of oil, and the rectum was washed out by an injection, a few hours before the operation. The external incisions were made as usual in the lateral operation, directing particular attention to make them low in the perineum and deep in the fat by the side of the rectum. I then inserted the point of the scalpel through the membranous part of the urethra, into the groove of the staff, and passed it steadily forwards into the bladder, until the urine was evacuated. My intention was to have completed the operation with the scalpel, but when the urine, which was very little, had flowed away, the bladder was found so contracted, that it was feared that the point of the scalpel might wound the opposite side of the bladder. Mr. Blizard's probe-ended lithotomy knife was therefore substituted for it; the staff brought forward, and the incision finished. Dr. Foster held the staff during the operation, with its concavity close under the pubes, and its handle a little inclined towards the right groin, so that the groove of the instrument might face the incisions which were to be made in the perineum. By holding the staff thus, I thought that the operation could be very easily performed with the scalpel, and with very little danger of wounding the rectum; for whilst the urethra was raised by the staff upwards from the rectum, this last could be depressed with the forefinger of my left hand, and the scalpel, with its blade guarded by the forefinger of the right hand, might be passed into the bladder without danger to the rectum, or anything else which ought to be avoided.

This method was followed with success, and as far as one case can, establishes its utility and safety. I felt a preference for the scalpel, nor have I yet lost my predilection for it, but think it as good, if not better, than any other knife, provided that its blade is narrow, and its point rounded. There was but very little hæmorrhage; one small artery bled, and might easily have been tied, but that was not done, and it gave no subsequent trouble. The bladder was contracted upon the stone, so that two attempts to seize it with the forceps were unsuccessful; but having raised it from its bed with the scoop, it was easily seized and extracted. It weighed exactly five drachms. No dressings were applied to the wound; forty drops of paregoric were given immediately after the operation, and repeated at bed-time on account of certain spasmodic twitches, which kept him awake. The wound granulated and slowly contracted, and in about five weeks all of the urine passed through the penis. About this time, during the absence of the mother, he ran from the house and played for an hour; at the expiration of which time he was affected with swelling of the left thigh, leg and scrotum. Notice was immediately sent to me, but I did not see him till twelve hours had expired. Then the swelling of the limb had disappeared, but the scrotum was swollen and painful. The peritoneum was not tender, and there was only a slight pain about the left groin. The symptoms were very slight, and yet I was disposed to regard it as infiltration of urine into the scrotum, although I could not well explain how it arrived there. I attempted to pass a female catheter through the perineum into the bladder, but failed; it could be passed only to the depth of a quarter of

an inch. I then incised the cellular membrane of the scrotum, and directed a poultice to be applied. This wound, and the wound in the perineum, healed in about a week, or about six weeks after the operation was performed. He is now well and goes about; has grown very fat; eats well, sleeps well, and all the urine passes, of a natural color, through the penis. The testicle, however, is slightly swollen, and similar in appearance to what is usually seen after the cure of hydrocele by injection.

ANENCEPHALOUS FŒTUS.—*Dr. Beadle* reported a case of *anencephalous* child, being the second case of the kind which had occurred to him during his practice. *Autopsy.*—On examination, the spinal cord was found to be of a natural appearance, until the atlas was reached, where the spinal cord terminated abruptly into a few filaments of nerve. Dr. B. remarked that he had observed that the flesh was very firm, and furthermore that the woman was unusually large during the term of gestation; also that, in this instance, though the mother of children, she had never felt pain in the hypogastric region, but high up in the umbilical region. The membranes were found to be very tough, and were accordingly punctured, when *liquor amnii* was discharged to the extent of two gallons, being an unusually large quantity, and the largest he had ever witnessed under any circumstances.

RETENTION OF URINE.—*Dr. P.* mentioned a case of retention of urine. The urethra was free from stricture. The night before the retention, the patient passed urine as usual, and on rising in the morning, passed urine in a full stream; but he found he could not urinate in the middle of the day, which was the peculiarity of the case. The usual remedies were used, together with the warm bath, which afforded no permanent relief. At 8, P. M., introduced a catheter, No. 6, to membranous portion of urethra, where there was great obstruction, and desisted from any further attempts. He now caused the patient to be bled to syncope, and administered the sesquichloride of iron. The 2d dose relieved him. Dr. P. also exhibited a penny, extracted from the œsophagus of a boy aged eight years, by the use of forceps. Dr. P. read a report of a case of neuralgia of the face and side of the head, occurring in his own person, which had resisted all remedies, until he had a molar tooth of the lower jaw extracted, which gave immediate relief. (*See N. Y. Jour. of Med., vol.* v., p. 311). *Dr. Stone* remarked that a boy had been brought to the dispensary, for the purpose of having a cent extracted from the œsophagus, and the plan pursued by him was, *to stand the boy on his head,* when the cent fell out.

POLYPUS ATTACHED TO EPIGLOTTIS.—*Dr. H. Green* reported that a young girl, aged nine years, had been brought to him, as was supposed, with enlarged tonsils. The symptoms attendant upon the case were, difficulty of breathing, and more particularly at night. On examination, he found that the tonsils were not sufficiently enlarged to require removal. But extending his observation, and pressing down the base of the tongue, a tumor, hanging by a pedicle, was discovered, about the size of a grape, and appeared to be attached to the epiglottis. The pedicle was cut with a scissors, and the tumor, which was a fibrous polypus, removed.

SPINA BIFIDA.—*Dr. McCready* reported the following case: having been called to a woman in labor, and after making an examination, he was unable to determine the presentation; he, however, left the patient three hours, and when he returned, found the pains had come on rapidly, and the membranes ruptured. The breech was found presenting, but to his surprise, he felt a tumor, which ruptured, and he could pass his finger into a cavity; it proved to be *spina bifida.*

LATENT PLEURISY WITH PNEUMONIA.—*Dr. Swett* mentioned the case of Dr. O. W.; which was, that after bathing, he suffered more or less, with flying pains about the chest, which was looked upon as being a rheumatic affection only. This condition remained without being relieved for about three weeks, when Dr. S. saw him. On examination, the disease was found to have extended to the pleura, pleurisy existing, with effusion and pneumonia.

STATED MEETING—*Oct. 4th*, 1845.

Dr. Foster stated a case of *narcotism*, produced by the application of a small quantity of the *ointment of stramonium* to the os tincæ; which continued four hours. *Dr. Garrish* mentioned a case of *ptyalism* from two grs. of the *bi-chl. hydrarg.* *Dr. Vandervoort* read a post mortem examination of a patient who died of granular disease of kidneys. *Dr. Post* reported in detail the origin, progress and removal of a tumor situated in the right labium, which had been fifteen years in attaining the size of a goose-egg. It was encysted, and its contents atheromatous. The specimen was exhibited to the society.—Also reported the cure of *night-blindness* in a sailor by the use of blue-pill, night and morning. *Dr. Beadle* stated that he had used *compressed sponge* in phymosis of eight years' standing, and with success. *Dr. Griscom* related a case of *chorea*, cured by *strychnine*, one sixteenth gr. three times a day, after Fowler's solution and carb. ferri had failed.—Also a case of *diabetes mellitus*, in which the quantity of urine voided was reduced from eight quarts in a day, to two quarts by the use of opium, one grain every four hours.

(*To be continued.*)

ART. II.—*Case of Lodgment and Retention of a Foreign Body in a Bronch s for the space of sixty years, with its final expulsion.* (Communicated by RODMAN BARTLETT, Student of Medicine, Salisbury, Conn.)

THE following case being somewhat unique in its character, may, perhaps, be deemed of sufficient interest to find a place in your valuable journal. It occurred in the practice of my preceptor, *Luther Ticknor, M.D.*, who is ready to vouch for the facts here stated.

Richard Moore, of Salisbury, Conn., now aged sixty-three years, inherited a good constitution, but when three years old, swallowed accidentally a piece of bone, which nearly suffocated him at the time, and which, from

that day to the present, has produced a series of phenomena, which could only be accounted for, on the supposition that the bone was lodged in some portion of the bronchial tree. For a long time he was harassed night and day with cough, and severe dyspnœa, attended with a rattling, or sibilant rhoncus, fœtid breath, more or less pain deep in the right side, about opposite the fifth or sixth rib, and midway between the sternum and dorsal vertebræ. These symptoms continued to harass him until nearly the age of puberty, when other symptoms appeared, of a still more alarming nature. At this period, the cough began to be accompanied with expectoration of purulent matter, tinged with blood; attended also with marasmus or atrophy, and other symptoms of confirmed pulmonary disease. At the age of nineteen, he was suddenly attacked with hæmoptysis, which continued, at irregular intervals, for a series of years; during which time his general health and strength were greatly impaired, so that he was incapable of much exertion, being, indeed, confined to the house for more than eight years. At about the age of twenty-eight, his general health began to mend; although still troubled with cough. For the next fifteen or twenty years, he was able to perform some labor, though not without considerable inconvenience from the symptoms above mentioned. In January, 1842, for the first time, since the third year of his age, the cough suddenly left him, and did not return for several months, when it again began suddenly to harass him as before. On the 8th of October, 1845, he experienced a remarkably uneasy sensation, of a pricking nature, deep in the right side, which excited violent coughing, and after one or two severe paroxysms, he experienced a sensation as if something had ruptured, or given way. This was instantly followed by the passage of something into the trachea, producing suffocation, which was forcibly ejected upon the floor, succeeded by the expectoration of purulent matter streaked with blood. On examination, the foreign body turned out to be a *bone*, nearly three fourths of an inch in length, one fourth of an inch in breadth, and one twelfth in thickness, oblong and somewhat triangular in form, smooth and convex upon one surface, the other covered with sulci and protuberances. It appeared that the bone which he had originally swallowed, from the traditionary accounts preserved in the family, was a splinter from a rib from which he was sucking the meat, and it seemed highly probable on examining the piece ejected, that this also was originally a portion of the same bone, as the spongy lamellæ were still visible on one side, while the smooth convex surface of the other was equally manifest. Now, then, are we not authorized in believing that this bone was lodged in one of the rami of the right bronchus for this long period of 60 years, producing the phenomena, which I have briefly described; including partial ulceration, whence proceeded the blood, and purulent matter, &c.? Your opinion on this point will be gratifying to one, at least, of your numerous friends and readers.

Salisbury, Conn., Nov. 15th, 1845.

[There are numerous cases on record, where foreign bodies have been lodged in one of the bronchial tubes for several years, but we know of no instance where a body of the size of that above described, has remained for so long a period in a bronchus, without causing fatal disease; and doubt whether a parallel case can be produced.—Ed.]

ART. III.—*Epidemic Erysipelas in Central New York.* By A. B. SHIPMAN, M.D., of Cortlandville, N. Y., Prof. of Surgery, Laporte University, Indiana.

THE Epidemic Erysipelas has prevailed in this (Cortland), and the adjoining counties, more or less, since the autumn of 1842. For several months previous to its appearance in an epidemic form, there was occasionally a sporadic case, and anginose complaints were exceedingly prevalent. These cases were marked by a sore throat, which was red, and aphthous, swelling of the tonsils and submaxillary glands, chills, fever, and general febrile disturbance of the system, but no external erysipelatous inflammation. I have no doubt but that this was the foreshadowing of the epidemic which followed; or the cause, less concentrated, which produced it. On referring to my note book, I find the following entry for the autumn of 1842.

"The diseases of autumn and fore part of winter, exhibited nothing peculiar in their aspect excepting a fever, attended with diarrhœa, smooth red tongue with tympanitis, terminating fatally in a great proportion of the cases. This fever prevails in Dryden, Tompkins County, and also in the town of Groton. It is a gastro-enteritis, and assumes a typhoid type toward its close. When emetics and drastic purgatives are freely used, it is quite apt to terminate in death. Anginose affections are also uncommonly prevalent, some cases terminating fatally in a few hours from the attack with a high degree of malignancy. Some are attended with petechiæ, and others with no affection of the skin." Of the fever mentioned above, I will merely remark that it did not differ materially from the autumnal fevers of this section of the State, excepting its being more uniformly attended with gastro-intestinal irritation, and inflammation, and its liability to diarrhœa, tympanitis and death.

This fever proved very fatal in the town of Dryden, and there were some few cases in Groton and Virgil. The first cases, or a great proportion of them, terminated fatally; especially where they were treated with purgatives of calomel, jalap, and tartrate of antimony and potassa. This practice, I am happy to say, does not meet the approbation of many physicians in this country; nor do I believe that that the fevers which have prevailed here for the last ten years, will tolerate such practice, whatever they may have done in years gone by. The first cases of an erysipelatous character that were witnessed here, occurred in the month of October, 1842, in the southwest part of the town. One case, that of an old lady, aged sixty-five, was taken with a severe chill on the 12th of October, in the evening. I did not see her that night; she was visited by another physician, who administered a cathartic and an emetic, but reaction only partially took place. I saw her on the afternoon of the 13th; she was then comatose with cold extremities, stertorous breathing, great swelling of the throat, and an erysipelatous eruption on the face and neck, pulse scarcely to be felt, rapid and thready—she died in the evening. The rest of the family had severe sore throats, and one of them a fever with sore and enlarged tonsillary glands, but no erysipelatous eruption. They all, however, recovered. A child in the neighborhood, three years old, had the disease in the erysipelatous form, which commenced in the throat, and spread to the face, neck, head and upper part of the trunk, but survived.

A man and his wife, who lived near neighbors to this patient, were taken down with the fever about the same time. There was a severe affection of the throat in both cases, and a fever of a typhoid type, with severe pain in the back of the neck, in the region of the medulla oblongata. These patients had no erysipelatous eruption, but the man had abscesses formed in both his legs, which proved fatal in both cases after three or four weeks of protracted suffering. I saw the cases but once, as I left home for the South, and did not return until some time in the month of January.

During the months of November and December, it prevailed to an alarming extent in this neighborhood, and spread into the adjoining towns. I have no means of getting at the exact number of cases or deaths which occurred, but it is probable that there might have been one hundred cases in all, counting such as required medication, and about twenty deaths. They did not all of them have the erysipelatous affection; but the fever was of the same character as those who did. From this point it extended into the towns of Groton on the northwest, and into Virgil on the southeast. In Groton it prevailed through the winter and spring months of 1843, proving very fatal in its course. To the southeast it progressed across the town of Virgil, touching the northern portion of the town of Marathon until it reached Freetown, a small town of about thirteen hundred inhabitants, a very healthy farming town. Here it prevailed throughout the winter and spring of 1843. Its ravages in this town were truly frightful. In the course of three months there were nearly forty deaths, and those mostly of adults. There was the greatest mortality in this town of any within my knowledge. From this town it spread into Solon, but there were only a few cases, and not many deaths. It also went into the town of Cincinnatus, but there were but ten or fifteen cases in all, as I was informed by Dr. Eldridge, and none of them proved fatal. From Groton it extended north into Milan and Owasco. In Milan it was very malignant, and there were a great many deaths. It prevailed through the summer of 1843 in all the towns mentioned, but the cases were less frequent, more mild, and but few deaths. In the autumn of '44 it made its appearance in the town of Niles, Cayuga Co., in the practice of Dr. Wm. F. Cooper.

In the course of two months Dr. Cooper treated about one hundred and fifty cases of the disease—a great proportion of them were of a malignant character. There were ten deaths among the whole number, including four cases of puerperal peritonitis, which were the only cases occurring during the prevalence of the epidemic. This created much alarm in the neighborhood, as many believed the Doctor was instrumental in disseminating the contagion. The disease subsided, in a great measure, in the towns of Niles and Sempronius by the first of December, but occasionally a sporadic case would occur during the winter of '45, and many anomalous forms of disease which, in all probability, received their character from the epidemic diathesis; some of the cases, perhaps, I may mention before closing this article.

In the spring of '45 the epidemic made its appearance in various parts of the county, but it did not assume the virulence which first characterized it. It passed over the old ground in many instances, but not epidemically as in the first instance. Some cases made their appearance in the early part of spring in the east part of this county, and were treated by Drs. Wiggins and Potter. One, a very protracted case, ter-

minated in external abscesses, and the patient finally sank under it. In the northeast part of this county, in the town of Truxton, and the northeast corner of Homer, it became very prevalent in the months of March, April, and May. The cases were mostly treated by Dr. Blanchard of Truxton, and Dr. Patterson of Homer. In one neighborhood of two or three miles in extent, there were some ten or twelve deaths, and that in a population of some two hundred souls. In Madison county the disease prevailed but a little. In Onondaga county there have been but few cases. Dr. Clary, of Syracuse, informed me that he had treated a few cases in the town. Dr. Stewart also mentioned to me that he had seen something of the disease in Syracuse, and that it had assumed a highly malignant character in one or two cases which terminated fatally; but the disease has never prevailed to any great extent in Syracuse, or its vicinity. In travelling through Oneida county last spring, I heard of the disease prevailing in some few of the towns. At the present time it seems to have entirely disappeared.

The Disease as it appeared at Laporte, Indiana, in the winter of 1843.

In December, 1843, the epidemic made its appearance at Michigan city, a small town on the southeast shore of Lake Michigan; here it raged with great violence for two months. Out of a population of about 1000 souls 60 had the disease, 30 fatal cases, and these mostly adults. Puerperal females seemed peculiarly obnoxious to the disease, not more than one in ten escaping while the disease prevailed, and every case proving fatal except one. From Michigan city it spread to St. Joseph's county, though in a milder form; and, during the summer and autumn, spread over a wide section of country in Northern Indiana and Southern Michigan. It prevailed much in the summer of 1844 in Laporte county—several cases were of great severity, attacking the limbs and forming abscesses, and in two instances the bone becoming carious, so as to require amputation six weeks from the commencement of the disease. The amputated limb exhibited the bone exceedingly carious; and, in both instances, nearly the whole shaft of the femur was like honeycomb, and would fall to pieces as if macerated in strong acid. The foregoing account I derived from Prof. Meeker of Laporte, and from various physicians who practise in Northern Indiana.

In December, 1844, and January, 1845, I witnessed the disease myself at Laporte, and shall relate only two cases, which will give a general idea of the disease and method of treatment pursued. About the middle of December I was requested to visit J. W., æt 40, in compāny with Prof. Richards and Brown. He was a robust, healthy man, but had been for eight or ten years intemperate. We found that some ten days previous he had cut his great toe with an axe, and that it had been dressed by a quack, by putting some irritating substance into the wound. It pained him much, and about the fourth day it began to inflame and spread up the foot. He called in the same quack, who dressed the foot, and he continued to treat it by means of his acrid irritating applications. He was now seized with a rigor, followed by great reaction, delirium and a rapid extension of the inflammation. On the 6th day of the disease I saw him again—his pulse was 120, weak, skin bathed in a cold clammy perspiration, tongue foul, coated with a dark brown fur, bowels tympanitic, and mind wandering. The leg was enormously swollen, inflamed to the

knee, of a dark purple color, vesicated and some gangrenous spots. Gave quinine, morphine, carb. ammonia, and wine—dressed the limb with a yeast poultice, and applied a blister above the inflamed part to reach round the limb. The next day he appeared better—no extension of the inflammation, pulse 100, limb less painful—continued same treatment. The next day he was worse, pulse 130, extension of the inflammation, which passed over the blistered surface, gangrene below the knee in large patches—applied creosote, with the poultice, and continued the tonics and stimulants. He has vomited, since I first saw him, dark like coffee grounds; singultus, delirium. The next day the limb was completely gangrenous, but the general symptoms no worse; there was an extension of the inflammation half way from the knee to the body—continued the anodynes and stimulants. The next day he was evidently sinking—petechiæ on all the surface of the body. He continued to sink and died comatose, with the leg completely gangrenous.

The other was the daughter of the Rev. J. R. Marshall of Laporte. She was a great favorite with the Medical class, seven or eight of whom boarded in the family. I mention this fact as bearing on the question of contagion, which will appear in the course of the case. She was nine years of age and very healthy. She was taken on Wednesday morning, the first of January, 1845. She complained of feeling cold, and had sore throat, was very feverish throughout the day, and at night high delirium. Some of the young gentlemen gave her a cathartic and cream of tartar. I saw her next day—skin very hot, pulse 130 per minute, tonsils inflamed; ordered calomel and ipecac, one grain each every two hours. She continued to grow worse; and January 3d, the symptoms were nearly the same. On the fourth day, as her mother was changing her dress, she made the discovery that the vulva was much inflamed and vesicated—it involved the labia and mons veneris, and had extended to the perineum and groins. Dr. Meeker, who was much in favor of strong iodine ointment as an external application, proposed using it, and it was applied—small doses of calomel, ipecac and pulv. antimonialis were given. 5th. The erysipelatous inflammation continues to spread in every direction at the rate of two inches in twenty-four hours—give quinine one grain every two hours in addition to the other treatment; surround the inflamed part with a strip of epispastic an inch wide. 6th. Inflammation spread beyond the blistered surface, pulse 140, and has turns of sinking—give carb. ammonia and quinine, brandy and wine. The inflammation is of a dark purple, and has extended to the abdomen, nates and thighs—apply strong solution of nit. silver, say sixty grains to the ounce of water; this is spread over the inflamed surface and a little to the edge of the sound skin. 7th. The surface is blackened by the application; she seems better, says the pain is less; constitutional symptoms better—continue the quinine, ammonia and brandy; pulse 120. 8th. No spreading beyond the limits of the application; symptoms all better, but still give the tonics and stimulants; the bowels are moved by enemata once in twenty-four hours, the secretions are not bad, except that the urine is voided only once in twenty-four hours. 9th. There was a paroxysm of fever in the night, and the inflammation extended beyong the limits of the application, but it appears faint in comparison to the first part affected; there is in some parts a desquamation of the skin, and the surface beneath looks healthy—apply the nitrate again to the recent inflammation, and continue the same treatment. 10th. She is convalescent, pulse 100, soft, no ex-

tension of the disease—continue treatment. 11th. Another paroxysm of fever in the night, and the inflammation ran over the surface rapidly, but it was very slight in degree, merely a red blush; the first parts attacked have desquamated, deep crusts thrown off, and some superficial sloughs which are rapidly healing—apply the nitrate again. The inflammation has now extended over the whole trunk, and on the legs to the knees, and on the arms to the elbows, yet except around the labia, nates, and perineum, it was very superficial; the circumference is much less intense than the centre; it seemed to lose much of its virulence after each application of the nitrate. From this time she rapidly recovered. In connection with this case I will state that a *subject* was brought into the dissecting room a week previous to this little girl being taken, who had evidently died with the erysipelatous epidemic. It was dissected by four young gentlemen, one of whom lived in the family of Mr. Marshall, and with whom this little girl was a great favorite, he having been in the habit daily of holding and caressing her in his lap. He was seized about the same time with a powerful rigor, sore inflamed throat, and high arterial excitement; he had great pain in the bowels, and agonizing pain in the back of the neck. He was bled three times the first twenty-four hours; took large doses of calomel and opium, and recovered in six days, without the eruption showing itself. The other three young gentlemen engaged in the dissection with him were taken nearly in the same manner, and as they were strong, healthy individuals, were treated promptly and actively; they recovered in a few days. Taking these things in connexion, the circumstances are in favor of the contagious nature of the disease, and, if so, these cases may be traced to the subject which was dissected by the young men. The man was a stranger who had travelled through Ohio and Michigan, where the disease was prevailing, and died at a public house, where the inmates were nearly all taken soon after, and several of them barely escaped dying.

The disease here did not differ materially from that already described as occurring at the East, and the treatment of course varied with the particular views of the practitioner who treated it. From the fact that Malaria is supposed to modify almost all of the diseases of the West, sulphate of quinine entered into the treatment of most of the cases as it does in other diseases of the West.

With regard to the fact that puerperal women were more in danger during the prevalence of the epidemic, it was abundantly verified at the West, and was so striking a fact, as to constitute a painful feature in the history of its progress. Through every section where it prevailed, occasionally a woman would seem to have the accession of the disease; previous to delivery she would have pain and tenderness in the uterine region, fever and chills; and, a few hours after delivery, she would be seized with rigors and high reaction, and the case would terminate rapidly in a fatal collapse. In many cases, it was suspected to be carried by the accoucheur, but nothing certain was elicited to prove it directly. Those who were the most engaged in the epidemic, had the most fatal cases of this kind; yet it is to be presumed that the proportions did not differ materially from the others.

Symptoms and Mode of Attack.—These I find were very various in different places, and in the same place at different times. While in the early part of the appearance of the epidemic, the sore throat was the first and most prominent symptom, yet subsequently it was only an occasional

attendant. These cases differed little from an attack of scarlatina anginosa.

Severe rigors with pyrexia, inflamed and swollen tonsils extending into the pharynx and roof of the mouth, foul breath, intense pain in the head, back and loins; a hot dry skin, and a general diminution of all the secretions; in fact, it resembled closely an attack of scarlatina, without, however, the appearance of the eruption on the surface. This form of the disease was very prevalent for a year or more previous to the epidemic attended with the characteristic erysipelas. These cases, with few exceptions, would become convalescent on the fourth or fifth day, if judiciously treated; but, in some cases, especially in old worn out constitutions, death would speedily follow, in some instances before reaction was fully established. In that form of the disease where the eruption on the skin gave a qualifying character, the course of the disease was not materially different. The patient complained, perhaps, for some hours previous to the attack, of lassitude, irregular pains in the limbs, back and head, with slight chills and fever, and sore throat.

These were succeeded sooner or later by more severe rigors, with partial reaction; and while there was a full, frequent, and bounding pulse, the sense of cold was such as to call for more bed-clothes, or drawing near a fire after the complete establishment of the febrile stage. Sooner or later the erysipelatous inflammation made its appearance; this generally occurred from the third to the fifth day. This, for the most part, was about the face and neck, extending to the back and breast; at other times it commenced on other portions of the body—often about the genital organs and nates, often severe constitutional symptoms were present, such as excessive pyrexia, pain in the bowels, head, or chest; and, on the appearance of the eruption, all these symptoms would be greatly mitigated, and the case terminated favorably in the course of a few days; or there would be a sudden recession of the erysipelatous inflammation, with a return of the deep-seated pains, especially in the head and bowels, and the patient would die in a short time. At other times, the patient would be seized suddenly with a circumscribed pain in the finger, toe, or some part of the upper or lower extremities; this would be followed by high constitutional excitement, with delirium and low typhoid symptoms. The part attacked would become swollen and puffy, the skin assuming a dark purple appearance, and rapidly running into gangrene, or into deep and extensive disorganization of the cellular tissue; the consequent suppuration being imperfect, dissecting the muscles extensively, and large masses of disorganized tissue, mixed with thin, offensive, ill-digested pus. When this state of things occurred, the case was extremely dangerous; and, if the patient survived the first stage, a long tedious convalescence was the consequence, leaving the part useless for months, and often for years. In some instances, gangrene of the part took place at once, and death ensued; or a sloughing, more or less extensive, followed after a while by cicatrization and recovery. When the disease attacked the face, there would generally be deep-seated pain in the head for some time previous to the eruption; and, in almost every case, the pain would be most severe about the occipital region and back of the neck, and severe neuralgic pains in the arms.

This was so constant a symptom in these cases as to stamp it as pathognomonic. In other instances the patient would be seized with the ordinary pyrexial symptoms, with deep-seated and excruciating pain in

the region of the breast; there would be fullness and tenderness of the part; this would, after a longer or shorter period, terminate in an abscess under the pectoral muscles, ending in an extensive disorganized cavity filled with pus and rotten pieces of cellular tissue, the disorganizing process often extending beneath the muscles of the trunk.

The latissimus dorsi and serratus were, in some instances, extensively diseased; these cases I believe were always fatal. An external wound or slight scratch often solicited an attack, the part becoming excessively painful, and terminating rapidly in gangrene or an extensive abscess. Every tissue of the body I believe was liable to be attacked. The mucous membranes were probably first on the list, and that of the throat, air cells of the lungs, and frontal sinuses. The stomach, bowels, and bladder often were the primary seat; and in the female the uterine cavity. The peritoneum, the pleura, and the dura mater and meninges of the brain, were often invaded. The cellular tissue, the muscles, tendons, fascias, periosteum, and even the bones themselves, were attacked, producing rapid and complete disorganization of the structure; the bone appearing as if subjected to the action of strong acids. The matter in these cases is peculiarly acrid, corroding the instrument used in opening the abscesses to such an extent as to spoil the polish. This matter, I have reason to believe, will communicate the disease if applied to an abraded surface, or at least will induce a troublesome and serious form of inflammation. But by far the most painful and fatal form of the epidemic was that where it occurred in puerperal cases. In all places, as far as I am acquainted, where the epidemic has prevailed, the occurrence of puerperal peritonitis has been a constant and striking feature; and, what renders that peculiarly mournful, is the apprehension that the same hand which is relied on for relief, should be the innocent cause of the destruction of our patient. On this point, I believe all who have witnessed much of the epidemic, agree; and most writers, who have noticed the occurrence of epidemic puerperal fever, have observed that erysipelatous fever was prevailing simultaneously.

The question may here be asked: Does the accoucheur infect the patient whom he attends? And, if so, what is the medium through which it is communicated? Is it his hand; or his clothes? I will answer. I believe it may be in both ways. The cases are too numerous, and too often noted, to render a mistake on this question probable. It has often occurred that epidemic erysipelas is prevailing in a neighborhood or town, and a practitioner much engaged in the one place where it prevails, is called into a healthy portion of the country to attend a parturient woman. In the course of twenty-four, forty-eight, or seventy-two hours, she is seized with a rigor, and high constitutional excitement follows. The abdominal region becomes the seat of great pain and tenderness; it runs a rapid course, and terminates fatally in from forty-eight hours to six days. On dissection, patches of gangrene of the peritoneum and abdominal organs are found; and dirty, sanious, and flocculent effusion is found in the cavity of the peritoneum. Perhaps the medical man cuts his finger in the course of the examination, or has an insignificant scratch on it; in a short time the wounded part becomes inflamed and painful, extending rapidly up the arm; there is now severe constitutional disturbance; the fever assumes a low typhoid type, and the patient dies, or lives with an extensive sloughing abscess, the constitution terribly shattered, and the limb rendered useless a long time, or for life. Such

occurrences are now too common to excite much surprise. I will relate one case of the kind which is in point, at least as far as the puerperal portion is concerned.

On the 27th of October, 1844, I was called into the town of Sempronius, Cayuga county, to consult with Dr. Wm. F. Cooper, of Hellogsville, in the case of the wife of Mr. Barton Slade, aged twenty-four years. She was delivered of her first child by Dr. Cooper on the 25th. In twenty-four hours after delivery, she was taken with a rigor, followed by fever, great pain in the bowels, excessive thirst, suppression of the lochia, &c. Dr. Cooper bled her promptly as soon as reaction came on, and gave calomel and opium with fomentations to the abdomen; the bleeding was repeated again in a few hours, and the calomel followed by oleum ricini until copious stools were procured. I saw her on the 2d day of the attack in company with Drs. Cooper and Leavitt. The pulse was then 140 per minute and compressible, great anxiety of countenance which was deadly pale, and bathed in a clammy perspiration. The abdomen was greatly distended, exquisitely tender and tympanitic; mind wandering, thirst urgent, and not to be appeased. A large blister was applied to the abdomen, calomel and morphine were given every two hours. She continued to sink, and died on the morning of the 28th, seventy-two hours after the attack and ninety-six after delivery.

This was the fourth case that had occurred in the practice of Dr. Cooper, within two or three weeks, and the symptoms of the other three were very similar to this; but the others occurred in the midst of the erysipelatous cases, and all proved fatal within a week or less of confinement. This patient lived six miles from the seat of the epidemic, where Dr. Cooper was constantly employed day and night. Many cases had terminated in abscesses which required daily dressings. No more cases occurred in this part of the town at this time; but subsequently several sporadic cases of it appeared scattered over the northern portion of the town. After the occurrence of this case Dr. Cooper became extremely careful in ablutions and in changing his dress when called to a parturient woman, and no further cases of the kind occurred in his practice. It is possible this was an accidental case, but the chain of evidence is so strong and so well accords with the experience of others, that there is little doubt on the subject.

I have had no opportunities of making *post-mortem* examinations in this epidemic. I do not deem them of much importance in this disease, as the thing has been done so often, and the appearances have been so uniform, that no new appearances are to be looked for; besides, I consider it fraught with hazard to the operator, and may be the means of communicating a fatal disease to the next parturient female who falls under his care. Many anomalous cases of disease occurred during the prevalence of the epidemic, and how far they were connected with the prevailing diathesis remains to be seen. Before closing this communication, I shall relate some of them; and, while on the subject of puerperal cases, perhaps I may as well relate one, which, if not influenced by the epidemic diathesis, presented phenomena so similar as to be easily recognized. For the notes of this case, I am indebted to Homer O. Jewett, M.D., of Summer Hill, Cayuga county, whose patient she was, and with whom I consulted several times during its progress.

Summer Hill, August 12th, 1845.

DR. SHIPMAN:

Dear Sir:—In compliance with your request, I give the following from the imperfect sketch of Mrs. C's case in my note-book. Mrs. C., æt. 34, of nervo-sanguine temperament and habitually feeble health, mother of one child, now nine years of age, became pregnant in the latter part of 1843. During gestation she suffered frequent attacks of abdominal pain of a spasmodic character—those attacks increased in frequency and severity as gestation advanced, and were attended with considerable constitutional disturbance.

August 13, 1843, I was called to attend the patient in labor—found her at the full term and labor commenced. In about nine hours from my arrival she was delivered of a healthy fœtus of ordinary size—presentation and progress of labor natural, with nothing unusual, except that dilatation was very tardy, the os tincæ being rigid and extremely tender to the touch. There was also preternatural heat and tenderness of the vagina. The secundines were spontaneously expelled a few minutes after the child, considerable hemorrhage followed, and the patient had a slight chill, which soon passed off, and I left her "comfortable" in bed. On the 14th lacteal secretion commenced, lochia moderate, after pains frequent and severe, but intermissions perfect, slight febrile disturbance. 15th. Considerable febrile action, head-ache, nausea and thirst, with restlessness—sensation of bearing down and constant pain in the pelvic region, shooting through the back and down the limbs, abdomen tender, uterine globe somewhat enlarged, lochia suppressed, difficulty in voiding urine. Under treatment these symptoms abated gradually until the 19th, when the patient was seized with severe rigor, lasting about an hour, and succeeded by reaction, pulse 130 and tense, tongue foul, skin hot and dry, thirst urgent, nausea and vomiting, abdomen extremely tender, head-ache, extreme restlessness, excruciating pain in the hypogastric and sacral regions, extending down the limbs, &c., &c. 20th. Symptoms aggravated, pulse 140 and small, some perspiration, and a *miliary eruption diffused over the whole surface.* This disappeared in a few hours, and a diarrhœa set in with tenesmus, bowels tympanitic and profuse hemorrhage from them, hurried respiration, mind wandering; patient lies on her back, with her limbs drawn up. 21st. Collapse with extreme prostration, pain and abdominal tenderness has ceased, tongue dry and dark, pulse feeble and fluttering, feeling like a small vibratory thread, and at times almost imperceptible at the wrist, subsultus tendinum, involuntary discharges from bladder and bowels, extremities cold, with a cold clammy perspiration on the surface, countenance sunken and haggard. The whole aspect of the case indicated that she was in articulo mortis. Stimulants were now freely administered. At this time I was favored with your advice in consultation. It was then apprehended that incipient gangrene at least had taken place, and that the case would terminate fatally in a few hours. I remained with the patient during the night, and continued to administer stimulants. Wine, morphine, and carbonate ammonia were given in almost incredible quantities, and external warmth until reaction came on. On the following morning there was a very slight improvement in the symptoms. The sinking energies were, however, only kept up by the most assiduous attention, and a liberal use of stimulants for the three or four succeeding days, when the patient began evidently to improve. The convalescence was extremely slow and tedious, attended with much gas-

tric irritation, and an occasional recurrence of the inflammatory symptoms. These, however, were readily allayed, and by a cautious use of tonics, stimulants and a generous diet, the patient was able to leave her bed in about eight weeks, since which time she has gradually improved, and is now enjoying her usual health.

This case bears a strong resemblance to those which occurred while the epidemic prevailed; but there were no cases of erysipelas in the neighborhood, though in the adjoining towns there were some few cases. Dr. Jewett was not at that time attending to cases of the epidemic; and, therefore, contagion had nothing to do with it—but it is to be presumed that the epidemic diathesis, in some degree at least, pervaded the neighborhoods and towns, although not in sufficient activity to develope the disease, except in those strongly predisposed to it.

Prognosis.—The *Prognosis* in epidemic erysipelas must, of course, depend on the form which the disease assumes, the type of fever, the age and constitution of the patient, and various other circumstances which attend each individual case. Where the disease is simple erysipelas, appears only on the surface, and does not spread rapidly and extensively; where it manifests no disposition to recede and attack internal organs, where the type of fever mild, the brain or its meninges not implicated, or where the patient is young and healthy, and the disease, under these circumstances, is seen early and treated judiciously, little danger may be apprehended. On the other hand, where the patient is advanced in years or is intemperate, where the brain is the part most affected, violent delirium attending, where the pleura, peritoneum and bowels become the seat, where a sudden recession takes place with a state of collapse supervening, or where some internal organ essential to life becomes consecutively affected, in all such cases, the prognosis must be exceedingly serious. In that form where a patient is suddenly seized in a circumscribed spot, and that assumes an early gangrenous appearance, the danger is very great. Where it attacks the breast, and abscesses form under the pectoral and other muscles of the trunk, the patient almost always ultimately dies. The case, however, is usually very protracted—weeks and often months ere the fatal period arrives. But by far the most dangerous and fatal form is that of puerperal peritonitis. It will be seen by the gentlemen who have written on the subject, how hopeless is a case of this character.

Drs. Hall and Dexter, of Vermont, in an excellent article in the American Journal of Medical Sciences for January, 1844, say "that in the county of Caledonia, Vt., thirty cases of puerperal peritonitis occurred, *only one of which recovered.*" "And in Bath, N. H., containing a population of 1500 or 1600, twenty mothers died of puerperal peritonitis, and about forty with erysipelas." In Michigan city, out of ten cases of puerperal peritonitis only one escaped (Prof. Meeker in Illinois Med. and Surg. Journal). The connection of puerperal peritonitis has been observed by Armstrong, Lee, Ferguson and Watson of London; Hey of Leeds; Robertson of Manchester, and Jackson in the United States.

Treatment.—This, of course, must depend upon many circumstances, which applies, not only to this, but to most other diseases of a febrile or inflammatory character. If the patient be young, robust, and of a good constitution, the attack violent, and attended with decided marks of inflammation in some organ of the body—as the brain, pleura, peritoneum, bowels, stomach, or uterus, prompt and early venesection should be re-

sorted to. This, let me be understood, should be *early*, as soon as reaction is fully established. If this golden opportunity is lost, and the tendency to collapse is apparent, or if the fluids have become greatly deteriorated, and gangrene is on the point of taking place, then bleeding should never be thought of. Those cases tolerate venesection best, where there is violent pain in the occipital region, a full bounding pulse, and early cerebral disturbance, or where the pleura or peritoneum is the part implicated. In those cases where deep-seated abscesses form, I do not think that venesection practised at any period is of service, but will generally be detrimental in wasting the vital energies, without mitigating or controlling the subsequent suppuration. When the tonsils or the mucous membrane of the throat alone is affected, or there is simply the eruption on the surface, bleeding I deem not indicated, and may do harm; and, in puerperal peritonitis, although it has been practised to the greatest extent by every practitioner who has had occasion to treat it, yet the success that has attended it does not speak very highly in its favor; I confess, however, that I have no substitute to offer; but, should I ever have another case to treat with my present views, I should give calomel and opium to that extent as to control the pain with the one, and, with the other, to produce, if possible, the constitutional effects of mercury as speedily as possible. I have used it in three cases where I have every reason to believe that the disease was puerperal peritonitis; in each case it acted like a charm. The erysipelatous eruption in two of the cases appeared on the abdomen in forty-eight hours after commencing the treatment; in all of them the gums were but slightly affected, and the convalescence was rapid and permanent. I do not claim the practice as original or peculiar with me; but I do hope in a disease so eminently dangerous, that others may be induced to give it a trial. Fomentations to the abdomen should always be attended to, and violent and drastic purging carefully avoided; an emollient poultice over the entire abdomen, followed by a mustard sinapism as soon as the second or third day. This, with cooling acid drinks, should constitute nearly the whole treatment in a puerperal case; and I venture to say, that more cases would be saved than under copious venesection, active purgation, &c., &c. If venesection is not resorted to early, then do not use it at an advanced stage.

The next class of medicines most in vogue is emetics and cathartics; these should not, however, be indiscriminately resorted to, as is the custom with many routine practitioners. If the mucous membranes of the bronchia are affected, and there is much loose secretion in them, or where there is reason to think there is much crude ingesta in the stomach, an emetic of ipecacuanha, followed by copious draughts of warm water, may be of service; but where the brain is affected, or the mucous tissue of the stomach is inflamed, emetics may do harm.

In the use of cathartics, some precautions are also necessary; if the liver is torpid, the skin yellow, the bowels costive, a cathartic of calomel, followed by ol. ricini, would be judicious; avoiding everything of a drastic nature, for hypercatharsis is at all times highly pernicious in the early as well as the latter stages, particularly so if the mucous membrane of the intestines is involved in the disease.

Diaphoretics are very useful in every stage of the complaint; the best, perhaps as a general rule, is the pulvis antimonialis, combined with ipecac, or where an anodyne is required, the Dover's powder, combined with the James's powder; alkalies are no doubt useful through the seve-

ral stages—the best, perhaps, is the bicarb. soda, and the acetate of ammonia, in the secondary stages with an excess of ammonia, is a very excellent preparation. Mucilages should be prescribed in all cases. With regard to tonics and stimulants, an early resort to them has generally been necessary where there was any tendency to collapse, or where marks of the typhoid type made their appearance. Carb. ammonia is one of the best stimulants we possess, because it may be given in inflammatory affections without fear; wine, brandy, and opium must be given as the exigencies of the case require. Quinine is given West as a febrifuge in this disease, and the more intense the pyrexia, the more it is indicated—so reason one class of physicians at the West, while others say that the malarious nature of the country indicates its use to destroy that principle; but what is the modus operandi of quinine? Is it a tonic, or a febrifuge? both vague and relative terms. Does it act as a tonic by destroying a morbid poison which weighs down the system? In this case it would be indirectly a tonic; or has it stimulant qualities, as wine, brandy, or iron? If so, it is a direct tonic. Brandy, wine, and iron do not act as a febrifuge, but quinine does; but I will not digress farther, as the profession are already at work on this matter.

Opiates I think should be used with caution in those cases where the brain and mucous membrane of the bronchia are involved, and in all cases where there is congestion of any of the internal organs, great caution is requisite until they are relieved; but where the bowels are disposed to run off, and in the protracted states of the disease, and especially in that form of it where abscesses have formed, the patient being worn down by pain, misery, and exhausting discharges, there it is when it exerts its truly divine powers by procuring tranquil nights, and sustaining the vital powers.

With regard to the external applications, a great variety have been recommended. The most important probably are the nitrate of silver and blisters; the nitrate of silver has been found, I apprehend, the most satisfactory and efficient of any yet used; in order to be of much service, it should be used strong—a saturated solution, or the stick itself, so as to blacken the surface and act on the cutis vera to some depth; and this should be applied over the inflamed surface, also a short distance beyond upon the sound skin. If the inflammation should extend over this boundary, another application must be made and repeated as often as necessary. In my own practice, it has been more satisfactory than all others. Blisters take rank next in point of utility. Here too they should be applied if possible, to interrupt the spread of the inflammation, by surrounding the disease by a cordon of plasters; a portion should be on the sound skin, and they should be allowed to blister deeply, or the disease will run over the blistered boundary. A caution in the use of blisters is, however, necessary in children, where the combined irritation of the disease and blisters may exhaust the vital energies; of this I speak advisedly, and have witnessed it myself, and been informed so by several medical gentlemen with whom I have conversed.

Iodine Ointment has many warm advocates, and in some cases is undoubtedly a good application, but is far inferior in most cases to the nitrate of silver. The Blue Mercurial Ointment which was so much in vogue some years ago, I believe has been tried fully in this epidemic; and, as far as I am informed, with little success: the lard it contains answers all the purposes of the ointment, and that has little power. The

solution of sulphate of iron so highly praised by Velpeau, has not, in my hands, proved of much service. For the treatment of that variety where deep-seated abscesses form, I do not know that I can lay down any very definite or specific rules. These cases generally prove fatal at an early period, or a long tedious convalescence is before the patient; when tonics, stimulants, and anodynes are each and all to be put in requisition.

In those cases where the abscesses form under the pectoral muscles or latissimus dorsi, I believe there is little hope of recovery, but a long and protracted season of suffering is before the unfortunate patient; and hectic fever, cough, and diarrhœa, finally close the scene. An early and free opening should be made where matter forms; and, as it is generally diffused throughout a great extent of the cellular tissue, several openings may be necessary. Where the limbs are attacked with extensive abscesses, the bones becoming carious and denuded of their periosteum, or gangrene taking place, *amputation* may become necessary; two such cases occurred in the practice of Professor Meeker, of Indiana, where he amputated the thighs, and the patients both recovered. Extensive abscesses formed in these two patients, the muscles, cellular tissue, ligaments, periosteum and bones all became involved; and, although it had been but six weeks since the attack, such was the rapidity with which the bones became disorganized, that a light spongy shell was all that remained of the osseous structure. In the summer of 1843, I amputated a foot at the tarsal articulation of an old man, eighty-six years of age, for gangrene of the foot; this was supposed to be a case of the epidemic. He dropped a stick of wood on his great toe, excessive pain came on; and inflammation, severe constitutional fever, and gangrene, commenced in the great toe, involved the others, and continued to spread up the foot as far as the instep, when a free use of opium and brandy arrested it. It presented some of the characters of *gangrena senilis;* but as the epidemic was prevailing at the time in the town, it was the opinion of many physicians that it was induced by that cause; he lived several months after the amputation, and died of old age.

Another case where gangrene followed a simple fracture of the forearm, with a fever of the typhoid type, and where I amputated the arm near the shoulder joint, will be found in the course of this article. Also, that of a young gentleman, whose case I will briefly relate in this place, showing the manner in which slight abrasions of the skin will incite an attack, and its sudden metastatic form. Mr. Johnson had been a journey on horseback, and returned home on the evening of the 12th of January, 1843. This disease at that time was prevailing in the town of Marathon, where he resided; there was a slight abrasion on the arm, caused by friction of his clothes over the biceps muscle; when within a few miles of home his arm began to pain him to a great degree, and by the time he arrived home, he was in most intolerable misery—his arm was greatly swollen, and an erysipelatous inflammation extending. Dr. Barnes, of Marathon, was called—bled him, gave calomel, ipecac, &c. I saw him on the 17th of January, in company with Dr. Barnes. He had high symptomatic fever, pulse 120, bounding, and easily compressed; eyes sparkling, delirium, sordes on the teeth, and tongue foul and dark. The arm œdematous, vesicated, of a dark purple, a spot as large as the palm of the hand was gangrenous and was rapidly extending, and on handling it, a crepitus was heard from confined gas. A strip of epispastic, two

inches wide, encircling the arm above the inflamed part, a poultice of yeast, charcoal, and creosote to the inflamed surface; morphine, quinine, and carb. ammonia in liberal doses were ordered.

Under this treatment he improved so far that the sloughs separated from the arm, the inflammation subsided, the fever abated, appetite, strength, &c., were returning, and we were congratulating ourselves on his speedy convalescence, when suddenly he was seized with pain in the great toe, which increased to the greatest violence; this soon showed signs of deep inflammation, spreading rapidly up the toe to the foot and leg; in the course of a few hours gangrene supervened, and rapidly involved the foot and leg, and he quickly sank.

Another case, although occurring in 1840, bore so much resemblance to these, that I am disposed to relate it here. A lady, æt. 37, plethoric and healthy, with the exception of severe paroxysms of sciatica, was taken with a fever of the synochus form. After passing along with the ordinary symptoms of that form of fever for a week, she was suddenly seized with what appeared as an apoplectic fit; dark purple countenance, frothing at the mouth, stertorous breathing, and profound coma. She was bled, head elevated and cupped, cold to head, purgatives, &c., &c. She lay in this condition two days, when she came out apparently clear. She was now sleepless and watchful, exquisitely sensitive to the least noise or light, which disturbed her, was delirious at night, and the mind filled with gloomy apprehensions. After three nights spent in this state, she fell into another comatose state; this lasted three days more before she fairly recovered enough to know where she was; in this way she was affected with alternate fits of coma and wakefulness. I began to think I had found one of those *protean* forms of disease that females are liable to, and that quieted my fears in a measure as to the ultimate termination. After six weeks of treatment, she became convalescent to all appearance; her appetite was good, she was able to sit up most of the day, and had improved in flesh and strength. She was seized suddenly about three o'clock in the afternoon with a pain in the great toe of the limb so long affected with sciatica; and the pain had increased in an hour so much that her cries were heard at a distance from the house. I was sent for, and arrived in four hours from the commencement of the pain. The whole foot and the leg to the knee were black and gangrenous; and before twelve o'clock, nine hours from the first attack, it had spread to the body. It is unnecessary to record the death of this woman so mysteriously and suddenly, after a series of fluctuations which alternately gave hope of life and threatened dissolution.

I will give the case of a young man in whom the disease commenced on the skin, and in the sub-cutaneous cellular tissue, and extended to the deep-seated parts; as it is a fair specimen of that form of the epidemic, I will present the symptoms and progress as presented to me, and related by Dr. Lanning, the attending physician. Hezekiah Hotchkiss, æt. 24, was driving coach between Truxton and McLean, in the month of May, 1845; at Truxton where he was stationed, the disease was prevailing epidemically. He was taken with a pain in the arm, a little below the insertion of the deltoid muscle; this he attributed at first to the friction of his clothes. It soon began to swell and look red, and became diffused and hard, as if an abscess might form; at the same time fever commenced, chills, pain in head, back and loins, and he was delirious at night. This increased progressively for a week when I saw

him with Dr. Lanning. The inflammation involved nearly the whole arm above the elbow, and was extending into the axilla; it was hard, purple, and œdematous; the fever was typhoid; pulse 130, weak and irregular; tongue foul and dark; teeth encrusted with a dark sordes; mind wandering, and muttering in his sleep. He had taken calomel in the first stage as a cathartic; ipecac, pulvis antimonialis, alkalies and mucilages, had constituted the treatment up to this time.

I ordered quinine one gr. every four hours, morphine in the evening, and a carrot poultice to the arm; an imperfect suppuration took place in a few days and was opened, but the cellular tissue was extensively disorganized and looked like foul macerated flesh, which it was difficult to remove. The fever kept up, and toward the close assumed a hectic form with the exacerbation in the evening, night sweats, diarrhœa and aphthous mouth. The inflammation extended from the axilla to the chest, dipped down between the muscles of the chest, beneath the pectoral, latissimus dorsi, serrati, &c., &c., until they presented one extensive disorganized mass of pus, serum, bits of cellular tissue, muscle and fascia—all one extensive and ill defined abscess. He lived six weeks, and died from exhaustion and irritation. In some cases the disease commenced with a deep-seated pain in the breast under the pectoral muscles, with no external appearance of inflammation; but a fever would commence simultaneously, which, after a longer or shorter period, would assume a hectic character, with cough, expectoration, and death in from eight to twelve weeks. When an abscess formed deep beneath the muscles, it would generally be a long time in pointing; the pus would then be of tolerable good quality, but there would be no limits to the abscess extending in various directions beneath the muscles of the chest and back.

Several such cases fell under my observation during the winter of 1843, not one of which recovered. There was one circumstance connected with the epidemic here which I have never seen mentioned in the history of it in any place, and that was the great mortality which existed among cows in the spring of 1843, '44, and '45. This was principally in cows that had recently calved; they were taken in from twenty-four hours to six days with a fever and great swelling of the abdomen, and died in a short time. On dissection, the peritoneum was found inflamed and gangrenous patches on it, a dark fœtid matter in the abdomen, and sometimes the uterus was found gangrenous. A very intelligent farmer informed me of these facts, and likewise that he had been present at an autopsy of a woman who died of epidemic puerperal fever, and he was struck by the similarity in the appearance of the parts, and the quality of the matter found in the abdomen. This may all be fancy, but I firmly believe the two diseases identical; the disease prevailed simultaneously with the epidemic erysipelas, and ceased as that ceased. The fact is curious, and well worth the attention of the medical philosopher.

Quackery ever flourishes most in times of panic and distress; and, accordingly, quacks found this epidemic a fine field for the commencement of their exploits, but they were soon forced to capitulate, as the disease marched onward in spite of lobelia, and the infinitesimal doses of sugar of milk. Quackery flourishes best where it encounters imaginary diseases (and mankind furnish abundant aliment for the quack at all times), but, where a real disease occurs and that too of a dangerous

character, the quack is soon discomfited, and science and education are appreciated. In many instances, I found that some wise old lady or meddlesome individual, who are to be found in all neighborhoods, had infallible cures at hand, generally in the shape of an application to the inflamed parts; and often these applications were the cause of serious mischief. In one case which I saw in consultation with Dr. Kelly, of Marathon, they had forced living frogs down the throat of a patient, to cure the inflamed tonsils! This had been carried to that extent, that we had reason to believe that it was instrumental in producing a great amount of suffering, and perhaps death. With some, tying a tow string that had been used in hanging a toad, around the neck of a patient, was considered an unfailing remedy; and, so long as these applications were harmless, they were not interfered with, but often they were decidedly pernicious and were promptly interdicted.

Anomalous Cases.—The following cases occurred during the prevalence of the epidemic; and, if the reader does not agree that they received a character from the prevailing epidemic diathesis, he may take them for what they are worth. On the 27th of July, 1843, I was requested to visit a son of Mr. Clow, near McGranville, in this county, in consultation with Dr. Wiggins. He was a healthy lad, ten years of age; and, in falling from a horse on Monday, four days previous, fractured his fore-arm near the middle. Dr. Wiggins was called and dressed the arm in the usual manner; in the evening he had a chill, as his mother informed me, and violent reaction came on with delirium, restlessness, &c. From this time until Wednesday the fever kept up, with great pain in the arm, which was dressed on Thursday morning for the first time. It was then found much swollen, vesicated, and in a state of gangrene. I saw him Thursday afternoon, and found high constitutional fever of a typhoid type, delirium, subsultus tendinum, involuntary discharges of fæces and urine, petechiæ on the skin, pulse rapid and intermittent, tongue black, and teeth covered with a black sordes. The arm was greatly swollen and gangrene was spreading; it was as high as the elbow, and inflammation on the skin of an erysipelatous character to within six inches of the shoulder joint. A blister was applied to encircle the arm above the gangrene, and liberal use of wine, morphine, quinine, and carb. ammonia was made; a yeast and charcoal poultice was applied over the whole arm with directions to change it often. On Sunday, three days after this, I received a notice that the gangrene had ceased spreading; accordingly, I visited him in company with Drs. Wiggins and Jewett. The gangrene had ceased at the beginning of the upper third of the arm, yet the inflammation extended several inches farther; his constitutional symptoms were, however, but little improved since my last visit; pulse 140, weak and fluttering, tongue dark and teeth foul. It was decided, however, that amputation offered the only chance for the patient, although this under the present circumstances seemed a forlorn hope. A large dose of morphine in brandy was given him, and during the operation, he was as quiet as the most sanguine believer in mesmerism might desire; and what is more remarkable, he did not remember the operation after recovery. I amputated the arm as near the shoulder joint as possible. The night following the amputation he slept more tranquil than any night since the fracture; and the next day after, August 1st, his pulse were more slow and full, his mind more clear, and tongue and teeth began to clean off the sordes which had covered them;

from this time his recovery was rapid, and he is now well and has been ever since.

John D. Greenfield, of Niles, Cayuga Co., was taken in the month of Jan'y, 1845, with a severe pain in the right side over the region of the liver. Dr. W. F. Cooper, of Kellogsville, was called, and bled him copiously, gave a full dose of calomel, &c. He pursued the antiphlogistic plan vigorously for two weeks, but the pain or fever was but little subdued—about this time his side became œdematous, and, after a while, a fluctuation was perceived. Dr. Cooper opened his side, and a large quantity of pus, highly tinged with bile, was discharged. This continued to run for a week, when it dried up; and, at the same time, he was seized with an excruciating pain on the fore part of the thigh at one third of the distance from the knee to the hip. This pain was without swelling for several days; was so excruciating as to deprive the patient of all sleep, nor was it mitigated by anodynes, of which he took immense quantities. After several days, a puffy swelling formed over the anterior part of the thigh, four inches above the knee. Dr. Cooper made an opening into it, but a small quantity of serum was all that was discharged. This gave no relief; but in about a week afterwards, when the patient was coughing, a gush of blood took place from the opening, which terrified the patient and his friends very much. Dr. Cooper was sent for, who examined it and found that it bled per saltum, and had the arterial color; but, as it came from some considerable depth, he plugged it with sponge and it stopped; from this time it bled daily, and was usually produced by a fit of coughing, while the pain, hemorrhage and symptomatic fever reduced him to an alarming state of debility. On the 6th of March I was requested to see him, and meet Dr. Cooper in consultation. His condition at this time was as follows: leg semiflexed on the thigh, and any attempt to move it attended with excruciating pain; from the knee to within six inches of the hip the thigh was greatly swollen and œdematous; it was exceedingly tender, and the closest scrutiny failed to detect fluctuation, his pulse 130, and weak, cough for eight weeks, night sweats, diarrhœa and hectic fever, his mouth was aphthous, and his appetite gone. From the long continued pain, fever and swelling, it was evident that there was an abscess near the bone, or that the bone itself was diseased, and that an opening was indicated. The patient was anxious that it should be done also. Accordingly, with a bistoury, I made a careful dissection through the skin six inches above the knee—this was carried through the fascia and muscles to the depth of $\frac{3}{4}$ths of an inch, when a large quantity of pus gushed out and continued to run until a quart was collected. It was very fœtid, and so acrid that my knife was instantly tarnished and blackened as if dipped into sulphuric acid. The bone was examined beneath, but the periosteum was sound, a tent was put into the opening, stimulants, opiates and tonics were freely given, and the patient rapidly recovered. It has been observed that, during the prevalence of an epidemic, other diseases assume the livery of that which is prevailing—so in this. The fevers were modified in their type, sore throat was a frequent attendant, and inflammatory affections were more or less modified in their character, and exhibited often the mark of the prevailing diathesis.

March 1, 1845, I was requested to visit a girl, æt. 15, the messenger informing me that she was dying from erysipelas. I visited her and found the patient apparently *in articulo mortis*. The history was this: two weeks previously she was taken with sore throat and dark purple spots

on the surface—these ran into ulcerations of a phagedenic character. These ulcerations were around the mouth, on the face and forehead, and chest. The most excruciating pain was complained of in the back of the neck (which I have mentioned before as being so constant an attendant as to stamp it as characteristic). The surface of the skin was covered with vibices, and resembled a case of purpura hemorrhagica—the gums were inflamed and spongy, mouth filled with a black tenacious mucus, and sordes on the teeth which were horribly fœtid, pulse weak and frequent, diarrhœa, tympanitis, hemorrhage from the vagina. She had been under the care of a Thompsonian, who had given her lobelia, cayenne pepper, and "Number Six," until they became alarmed at the hemorrhage from the nose, and sent for me. The aspect of the case was such that little hope could be indulged in, but I gave her creasote, one drop every half hour; after taking the second dose the hemorrhage ceased, and I prescribed carb. ammonia, quinine, brandy, muriatic acid diluted, and applied to the phagedenic ulcerations a solution of chloride of sodium. She improved under this course a few days, and as I was obliged to be absent, the friends called the same quack who first prescribed for her, as if determined that he should finish what he had so auspiciously began; and, under the pretence of cleansing the stomach with a lobelia emetic, the poor girl was at once sacrificed. In the history of this epidemic I have endeavored to give my own views of it without regard to books, or hearsay evidence, and the treatment was such as appeared to me most rational, and in accordance with the views of my professional brethren, who were most conversant with it.

ART. IV.—*Notes on Typhoid, and Typhus Fevers.* By the EDITOR.*

THE inhabitants of this country, like those of every other of which we have any knowledge, have, from its earliest settlement, been more or less exposed to febrile diseases. In New England these diseases have been chiefly of a typhoid type, though intermittents have occasionally prevailed in some places, from local malarious causes; while, in the Middle, Southern, and Western States, remittents and intermittents, with occasionally yellow fever, have been the principal diseases of this class. From the want of authentic historical records, and the paucity of accurate observations by medical men, we are not able, at this period, to form a very satisfactory judgment as to the precise character of febrile disorders that formerly prevailed, although we can gather from various sources that the inhabitants were liable to a disease resembling our present typhoid fever, and which was variously designated as *long fever*, *slow fever*, *nervous fever*, *putrid fever*, *&c.* It is stated by Dr. Nathan Smith† that there is no instance on record, and that he has never heard of an instance where an aboriginal inhabitant of this country has ever experienced an attack of typhus fever. Whether this exemption really exists, remains for future observation to determine. Dr. Smith informs us that,

* The substance of the following article, may be found in the Editor's Edition of "Copland's Medical Dictionary," and has been chiefly compiled from a variety of sources. It is copied into the Journal by request.

† [Essay on Typhus Fever, 8vo. New York, 1824.]

previous to the year 1767, a fever called *nervous* had prevailed to a considerable extent in a part of New Hampshire, on the Connecticut River, where he was then residing; but that for 28 years afterward it had entirely disappeared, when it again began to be met with; and from that period to the time at which he wrote, 25 years thereafter, he had constantly met with the disease, and could follow its changes from one place to another, and tell where it was prevailing. During this period it spread all over the New England and some of the other States, staying from one to two, or three, or more years in a place, and then ceasing and appearing in another, being apparently uninfluenced by locality, rank, or occupation; affecting equally those living on lofty mountains or the lowest valleys, on the banks of rivers or the borders of lakes and stagnant ponds; attacking alike the poor and the wealthy, the filthy and those more cleanly in their habits. Dr. Miner remarks ("*Essay on Fevers*") that "the exemption from wide-spreading and mortal epidemics (including typhus fever), during the period from the Revolutionary war to about 1805, was so great that many physicians passed the whole term of their practice, and scarcely met with a single well-marked, original *typhoid* disease." Since the disappearance of the *spotted fever* in 1812, typhus has prevailed sporadically, to a greater or less extent, over the whole of New England; assuming, however, a variety of grades and forms, but answering to a common type. It is generally conceded that the synocha of Cullen, the inflammatory continued fever of Copland, is nearly, if not altogether unknown.

It was remarked by Nathan Smith, one of the ablest physicians whom our country has produced, and who practised physic and surgery for 35 years in various parts of New England, that he had never met with a case of simple inflammatory fever, nor any continued fever but *typhus*, unless the simple, unmixed catarrhal fever be of such a character. The great mass of practitioners in New England still continue to designate the prevailing fever of the country by the name of *typhus;* and a majority of them hold with Dr. N. Smith that the disease is a specific one, and propagated by a specific contagion.

The attempt has recently been made to identify the typhus or common fever of New-England with a fever described by Louis, under the name of typhoid fever, in consequence of discovering similar lesions in the follicles of Peyer, as well as from a similarity of symptoms. These anatomical characters appear to have been first distinctly noticed in this country by Dr. E. Hale, who published in the "*Medical Magazine*" (Boston) for December, 1833, an account of three dissections of persons who died of typhus fever. Dr. Gerhard, of Philadelphia, however, called the attention of the profession more particularly to the subject in 1835,* by publishing some cases of fever attended with alteration of these glands. Dr. E. Bartlett gave an account, in the "Medical Magazine" for June, 1835, of the entero-mesenteric alterations in five cases of what he denominates "unequivocal typhoid fever," which alterations correspond exactly with those described by Louis.

The next formal communication on the subject was from Dr. James Jackson, of Boston, who presented to the Massachusetts Medical Society, in June, 1838, an elaborate report on "typhoid fever," in which he

* [American Journal of Medical Sciences for February, 1835.]

remarks that, since he became acquainted with the work of M. Louis, in 1833, he had found that the continued fever of Boston was the same as that which M. L. has described. "The symptoms are essentially the same, and the appearances discovered in the body after death are precisely the same. These appearances had been noticed here before, when the examination was so made as to disclose them. From 1833 our fever has been the same it formerly was, and, in *every case* where an examination has been made, the morbid changes have been found to be the same as described by M. Louis. In neighboring places a similar confirmation of the identity of the disease has been furnished from different quarters."—(*Loc. cit.*) Since the above period, observations have been published by Drs. Hale,* Bigelow, Bowditch, J. B. S. Jackson, Holmes, and Shattuck, of Boston, and by Drs. Gerhard, Jackson, and Stewardson, of Philadelphia, all going to sustain the doctrine of the entire identity of the typhoid fever of Paris and the ordinary continued fever of the United States. An able work also has been published by Dr. E. Bartlett, entitled "*The History, Diagnosis, and Treatment of Typhoid and Typhus Fever, with an Essay on the Diagnosis of Bilious Remittent and of Yellow Fever*" (8vo., p. 393, 1842), in which the same doctrine is supported with much zeal and ability.

Typhoid Fever.—By this term, then, as now employed by most medical writers, is to be understood that form of febrile affection which is attended with lesion of the glands of the ileum (Peyer's glands), and characterized by *meteorism, enlargement of the spleen, rose-colored spots on the abdomen, and sudamina.* It is the disease first described by Petit and Levres, in 1812, under the name of *entero-mesenteric* fever; by Bretonneau under that of *dothinenterite;* and by Cruveilhier under that of *follicular enteritis;* by the Germans it is called *abdominal typhus;* in New England it goes under the name of *typhus fever.* Since the disease was first described in 1812, it has been shown by the researches of MM. Broussais, Bretonneau, Louis, Boillaud, Chomel, Andral, and others, that the disease has anatomical characters, which are nearly constant, and functional lesions which are almost always identical. It is to be regretted that the term *typhoid* has been assigned to this disease, as it is wanted to designate phenomena characterized by prostration and debility attended with more or less stupor, and probably always will be employed for this purpose in time to come. We consider, therefore, the term *abdominal typhus* as much preferable, as its symptoms and general pathological characters so closely resemble the disease described by British and German authors under the name of typhus, that it may be considered as a modified form of the same malady. That it, however, differs in some important features is generally conceded by those who have made themselves accurately acquainted with the minute characters of both. Thus, Dr. E. Hale, of Boston, in 1833,† published a paper on the typhus fever of New-England, in which he maintained that the disease presented phenomena

* [Observations on the Typhoid Fever of New-England, read at the Annual Meeting of the Massachusetts Med. Society, May 29th, 1839, by Enoch Hale, Attending Physician to the Massachusetts General Hospital, 8vo., p. 77. Boston, 1839.]

† Remarks on the typhus fever of this climate (Boston Med. Magazine, vol. ii., p. 301, 1833).

widely different from those laid down by Armstrong and Southwood Smith, as characterizing the typhus fever of Great Britain, and " which," he remarks, " can only be reconciled to them by remote deductions or theoretical speculations. The first deviation of our typhus," he continues, " from that of England consists in the absence of most of the prominent marks of the disease. There is no cold stage followed by heat and excitement, no marked depression of the sensorial functions, and no local affection of any prominence or importance. The symptoms are all or nearly all, negative. The patient feels that he is sick, but is at a loss to know what ails him. He has no headache nor dizziness, and sometimes no consciousness of any loss of mental vigor; no pain in any part; no considerable thirst; the appetite may be lost; at other times it is said to be good, although it appears that little food is taken; but this little is taken with tolerable relish, and there is no loathing of food, and no suffering from indigestion; the bowels are either regular or a little costive; the skin is dry, but not remarkably hot; the pulse is, at first, moderately quickened, and becomes quicker from day to day; the countenance exhibits more unequivocal marks of disease, being heavy, and expressing anxiety and depression; the sleep is generally, but not always disturbed, and the disturbance commonly increases as the disease advances. The patient, if a laboring man, keeps at work for several days, and only perceives that he is more fatigued than usual; if a gentleman, he meets his physician at the door, apologizes for troubling him with so small a matter, and, from day to day, converses pleasantly and cheerfully with him. At length, when he finds that he is truly sick, he wonders that he recovers so slowly; and unless he has previously known his physician well, so as to have the fullest confidence in him, it is a chance if he do not suspect him of unfaithfulness or incompetence for not curing him more rapidly." "This is the slow fever," says Dr. H., " of which we often hear, and which we occasionally see. It continues for a considerable length of time, three or four weeks, acknowledging little respect to remedies of any kind, and in most cases spontaneously but slowly disappears. In some instances, after continuing in this manner for some time, it suddenly assumes more positive symptoms, and hastens to a termination, sometimes favorable, more often fatal. In some rare cases it proceeds slowly to a fatal termination without any great change of character. Such a result is so unfrequent, that we have not often opportunity to ascertain the morbid appearances by dissection. The case of the celebrated Dr. Spurzheim appears to have been of this sort; and in that no morbid change of structure was discovered on examination after death."* Before proceeding to a more particular description of the continued fever of New-England, we shall give a synopsis of the symptoms, pathology, and diagnosis of the typhoid fever of Paris, as laid down by Louis, in order that the reader may be able to institute for himself a comparison between them.

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* [Dr. Spurzheim went on with his lectures for nearly a week after the disease, which proved fatal to him, began; and it was nearly another week before either he himself or his physicians and friends thought it seriously alarming. It went on, however, constantly increasing in severity, but at no time exhibiting any very marked symptoms, except the delirium which came on a few days before his death, or presenting any prominent object for the application of remedies, and he died at the end of about four weeks. On dissection no morbid appearances were discovered which would serve to explain the pathological characters of the disease.]

The mean age of patients attacked by the typhoid affection of Paris was twenty-three years; they were generally persons in good health, and who had resided but a short time in Paris. The predisposing causes were the same as those of other febrile and inflammatory affections. The disease came on generally with a chill of considerable violence, accompanied with trembling, headache, universal feeling of lassitude, anorexy, thirst, some pains in the abdomen, and, in a large majority of cases, liquid dejections supervened upon these symptoms during the first twenty-four hours. To the chills succeeded heat; although they recurred several days in succession in nearly all the subjects, and generally in the evening; afterward the skin was constantly more or less hot, and nearly always dry.

To these other symptoms succeeded, relating to the cerebral functions, the organs of sense, and the abdominal viscera. The patients complained of a peculiar weakness, dizziness, or a dazzling sensation, when rising up and attempting to walk; an inclination to somnolency, so that they readily fell asleep on ceasing conversation; a weakness of memory, and disinclination to intellectual exertion, and an indifference to danger and to what was passing around them. Sleep was imperfect, unrefreshing, and disturbed with dreams. Delirium frequently accompanied the somnolency, but rarely preceded it; sometimes it commenced from two to six days after it; was slight, and only during the night; or more marked and constantly present; occasionally it was so violent as to make it necessary to use corporeal restraint, and, like somnolency, it generally continued until death, except where the disease ran a long time before proving fatal. *Tinnitus aurium* was a frequent symptom, and sometimes connected with deafness, which began later than the other symptoms, and often became total. The eyes were injected, and somewhat smarting; sometimes of a uniform rose tint, though rarely so at the commencement; and one patient had strabismus; many suffered from epistaxis, from which they experienced no relief. The greater number had an eruption of rose-colored lenticular spots on the surface of the body, more or less thickly clustered together; and these eruptions generally made their appearance about the tenth day of the disease, never before the seventh day, and they varied no less in duration than abundance. *Sudamina* were frequently connected with them.

The abdomen was meteorized (tympanitic), and rarely preserved its natural size and form to the end of the disease; in some this meteorism was slight, in others more marked, so that the abdomen projected beyond the line of the chest. As these characteristic symptoms became developed, diarrhœa increased; if much delirium was present, the dejections were involuntary, and often tinged with blood. The tongue, in a large number of cases, presented no unusual appearance, but in general it was gluey or dry, sometimes ruddy or red, at times coated, at others not so, crusted or otherwise, in certain patients blackish, in others more or less thick. It was protruded with difficulty, and with a tremulous motion; deglutition difficult; the back part of the mouth more or less inflamed. Nausea and pain at the epigastrium were not infrequent symptoms, and vomiting also, in the latter stages of the disease. The debility daily increased, the patients stood erect with difficulty, and trembling; walked as if intoxicated; at length took to the bed, in which they lay in the same position, ordinarily upon the back, and were moved about like inanimate substances. Soon the skin over the sacrum became red, exco-

riated, and gangrenous; blistered surfaces were covered with pus of an offensive odor and had a livid color, and ulcerations of the skin, to a greater or less extent, took place. The *skin* was generally very hot and dry; chills were occasionally felt; the *pulse* was much accelerated, usually above 100 per minute, and small, feeble, contracted, and irregular. In a few it preserved a certain degree of fulness till death. In a majority of cases there was more or less *cough* present, together with a sonorous râle throughout the chest. Towards the close of the disease, the crepitous murmur was often heard over a circumscribed portion of the thoracic surface.

Remarkable changes took place in the countenance in the course of the disease. At first, in a large number, the face was purplish and bloated, which gradually subsided, till there was a total want of expression; at length it became sunken, or there was stupor, or absolute indifference, or the patient appeared absorbed in a profound revery, in violent excitement, or had simply a wildness of look, according to the kind of delirium present. The lips and eyelids were sometimes spasmodically contracted, or the muscles of the jaws, giving an expression of suffering and pain; these spasms were sometimes of long continuance, so that there was subsultus tendinum, or spasmodic motions of the upper extremities, or permanent contraction of the same parts. Death often occurred from perforation of the small intestine; sometimes it took place while the patient was in delirium, or in a kind of calm, the patients having lost their consciousness but a few hours only, and occasionally it took place suddenly.

Such were the phenomena in most cases of the severe typhoid fever, of which M. Louis has given a history. In many patients there was merely present, febrile excitement, with heat of skin, thirst, slight somnolency, and giddiness, with loss of appetite, and moderate depression of strength; diarrhœa and pains in the abdomen were absent, so that the seat of the disease could not easily be indicated. These were what Louis calls latent cases of the disease, which, however, often terminated fatally from perforation of the intestine. The symptoms were extremely varied in different cases, the diarrhœa and meteorism being in some cases the most prominent symptoms; in others, the prostration, delirium, and spasmodic motions giving the disease the characters either of putrid ataxic fever, or an inflammatory one, in which the pulse was full, and the surface florid and hot. The duration of the disease varied from eight to forty days.

On *dissection*, more or less serious lesions of the elliptical patches (Peyer's glands) of the small intestine were always found; and these were more serious, according to the proximity of the patches to the ileo-cœcal valve, presenting remarkable differences according to the duration of the disease, and accompanied by analogous changes of the corresponding mesenteric glands. The others were frequently diseased, but their lesions were not constant, and differed in some respects only from those which are observed in those who die of other acute diseases.*

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* ["*Anatomical, Pathological, and Therapeutic Researches upon the Disease known under the name of Gastro-Enterite, Putrid, Adynamic, Ataxic, or Typhoid Fever, compared with the most common acute Diseases,*" by P. Charles A. Louis, Translated from the original French by Henry J. Bowditch, M.D., 2 vols. 8vo. Boston, 1836.]

Whatever opinion may exist in the profession as to the practical benefits that are to result from attempts to identify forms of fever existing here with those prevailing in other countries, no one can deny the importance of becoming accurately acquainted with their phenomena, their nature, seat and anatomical characters.

Diagnosis.—The diagnostic symptoms of the affection, according to M. Louis, are epistaxis, rose-colored lenticular spots on the skin, sudamina (when large and numerous), meteorism, a blackish and thickly coated tongue, drowsiness, stupor, extreme debility, when not proportionate to the other symptoms, eschars upon the sacrum, ulceration of the surface where blisters have been applied, spasmodic movements or permanent contractions of the muscles of the different parts of the body; "phenomena," says M. L., "which are very rarely observed, or which do not occur in other acute affections, or which exist in a moderate degree when observed at all. When more or less of these symptoms exist in the same subject, we cannot doubt that he is attacked with the typhoid affection; that the elliptical patches of the ileum are the seat of the lesion which has been described; for if each one of these symptoms is observed occasionally during the course of other acute affections, such is not the fact with a combination of them. There is no difficulty in the diagnosis when all these symptoms coexist, but the most important of them sometimes fail to appear, and a majority exist at a certain period only of the affection" (*loc. cit.*). Dr. E. Bartlett* remarks that "it is hardly possible to confound typhoid fever with any other affection. There is no other, in any considerable degree, resembling it. Chills, more or less severe, repeated or not, accompanied with, or immediately followed by headache, and pains in the back and limbs; these pains subsiding and disappearing in the course of a few days; thirst; heat of skin; acceleration of the pulse, with an evening exacerbation; entire loss of appetite; great muscular debility; dulness and confusion of the intellect, passing gradually into delirium; restlessness; vigilance or somnolence; twitching of the tendons, or picking at imaginary objects; occasional epistaxis; ringing or buzzing in the ears; the appearance of a scattered, rose-colored eruption, principally upon the skin of the chest or abdomen, during the second week; a dry, glutinous, cracked, red, brown, or blackish tongue, protruded with difficulty, and trembling; dark, thick sordes upon the teeth; diarrhœa, the stools thin, watery, and dark, or yellowish, sometimes consisting of blood; tympanitic distension of the abdomen; dulness on percussion over the spleen, and gurgling upon pressure upon the right iliac region; with a dry, sibilant, or sonorous rhonchus over the chest: these symptoms, coming on without any obvious cause, occurring in a person under forty years of age, and referable to no local disease; more or less regularly and successively developed; increasing in severity, and terminating in death at an indefinite period after the eighth day, or gradually subsiding and disappearing, one after another, and giving way to convalescence at an indefinite period after the fifteenth or twentieth day, mark, most clearly and unequivocally, a disease wholly unlike any other. These symptoms are sometimes, during the progress of the disease, and in various degrees of relative severity, all of them present; and in these cases, at any rate there is no possibili-

* ["*The History, Diagnosis, and Treatment of Typhoid and of Typhus Fever,*" &c., by Elisha Bartlett, M.D. 8vo. Phil., 1842.]

ty of mistaking typhoid fever for any other disease. The diagnosis, independent of the evidence to be derived from the lesions found after death in the fatal cases, is easily and certainly made."—(*Loc. cit.*)

Symptoms.—Typhoid fever generally makes its attack in a very insidious manner, more so, perhaps, than any other acute disease whatever. The patient complains of mental and bodily languor, of more or less debility, disinclination to motion, pain in the head, back, or limbs, and a sense of general soreness and fatigue. Its progress has been well described in the above extracts by Drs. Hale and Bartlett. Dr. Nathan Smith, also, says that "the disease attacks in such a gradual manner that we hardly know on what day to fix its commencement;"* and Dr. James Jackson remarks that "there is more difficulty, perhaps, in ascertaining the commencement in cases of typhoid fever than in any other acute diseases."† Chomel, however, states that the access was sudden in seventy-three cases out of one hundred and twelve cases, and in the others there were obscure premonitory symptoms. The first symptom may be a chill, attended by debility and headache, and followed by heat and thirst; or it may be a severe griping pain in the bowels, with tenderness on pressure. A severe and fatal case, which we lately saw in consultation, came on with a severe chill after riding a considerable distance in a snow-storm, the patient having suffered much from the cold. Diarrhœa was, in this case, a very early symptom. Of thirty-three fatal cases cited by Louis, thirty-one had chills; and of forty-five grave cases that recovered, all had chills but three; and of thirty-one mild cases, there were chills in twenty-four; and generally they occurred in the commencement of the disease. The chill, or rigor, is followed by increased heat of skin, varying much in degree; sometimes moderate, and diffused pretty equally over the whole body; at others intense, and unequally distributed. "Sometimes," says Dr. N. Smith, "the head and trunk will be excessively hot, while the extremities are cooler than natural; at others, the extremities will be preternaturally hot, when the body is but moderately so. One cheek will often appear of a deep red color, and be very hot, while the other remains pale and cool: as its color and heat subside, they seem to cross over and affect the opposite cheek in the same manner. This color and heat usually extend so far as to include the ear of the affected side."—(*Loc. cit.*)

The skin is also variously affected in regard to heat and moisture; being sometimes dry through the whole course of the disease, at others covered with profuse sweats, which may be partial or general, and often of an acrid smell. The body, also, emits a peculiar odor, which is of a musty, cadaverous kind, and characteristic of this affection. The pulse ranges from 70 to 140 in a minute; its frequency being proportioned to the severity of the disease. Of cases reported by Dr. Jackson that recovered, the average least frequent pulse was 74, and the average most frequent pulse was 102; while, in fatal cases, the average least frequent pulse was 91, and the average most frequent pulse was 129. Among the fatal cases in the males, the average least frequent pulse was 85, the average most frequent pulse was 124; while among the fatal cases in the females, the average least frequent pulse was 106, and the average most frequent pulse was 138: showing that the pulse is considerably

* ["A Practical Essay on Typhus Fever," by Nathan Smith, M.D.]

† [Report on the Typhoid Fever, by James Jackson, M.D.]

more frequent in female than in male patients. The respiration is modified as in other grave diseases, where there is a morbid condition of the brain; and Nathan Smith alludes thus to a peculiarity in the breathing: "After the patient has been some time sick, if the disease proves severe, there is a peculiar whistling sound produced when he breathes through the nose; and when asleep, or lying in a state of coma, the mouth is generally kept open, and the breathing has somewhat of a stertorous sound." Dyspnœa is not unfrequent, where there is much abdominal tympanitis. There is always more or less cough present after the fifth day, and the sputa are small in quantity, sometimes tenacious and colorless, sometimes bloody, and indicating pneumonitis. There is also generally present a dry, sonorous, or sibilant rhonchus, which is very characteristic of the disease; and this, in many cases, is loud, and heard over the whole chest. Occasionally, there is a humid or moist rhonchus. Pain in the head is a very constant symptom; so that out of 87 cases in which the patients recovered, Louis mentions that there was headache in all but three. It generally is one of the first symptoms, and is of a dull, heavy, or throbbing character, first felt in the morning: sometimes intense and acute, occasioning great suffering. Most frequently it occupies the forehead and temples, but often the whole head, and in severe cases its duration is from eight to ten days. The headache is often attended with severe pains in the back and limbs. The state of the mind has already been alluded to. Mental languor, indifference, irritability, forgetfulness, listlessness, or impatience, merging gradually into delirium or stupor, are all met with, and the delirium is severe in proportion to the danger. Statistics prove that this symptom is present in at least 38 cases out of 46 (Louis).

Dr. Bartlett states that he has seen the disease prove fatal in the second week without any delirium; we have never met, however, with such a case, although we have seen much of the disease in New-England, as well as in this State. In many instances it is mild and temporary; but if the patient be carefully watched, especially during the night, or during the febrile paroxysm, it will be found to exist more or less strongly marked. In fatal cases, it generally continues till the patient sinks into coma, or perishes. It is generally low and muttering; the patient appears confused or intoxicated, picks at his bed-clothes, is restless, and in constant motion; or the delirium may be playful and childish, or distinctly monomaniacal. In most cases, by exciting the attention, the patient may be roused from his state of incoherency, and even from that of coma; although he relapses into it immediately when the attention is withdrawn. Dr. N. Smith alludes to this circumstance, and also states that the patient, on recovery, forgets everything that occurred during his sickness. Dr. S. also relates instances where the moral principle seemed to have been affected after recovery; so that persons acquired a propensity to steal, or commit other offences. Louis states that, of 300 cases of typhoid fever, there was but a single one where there remained any morbid condition of the mind after convalescence. The countenance is heavy and stupid, dull, listless, and vacant, expressive of languor, and total indifference and apathy of mind. Where the pain is severe, the expression of features is one of anxiety and distress; in mild cases there is no particular change, but a want of animation and cheerfulness. Somnolence, or drowsiness and stupor, is a symptom rarely absent in the typhoid affection; preceding, or alter-

nating with delirium; persisting, in fatal cases, till it is lost in coma, and appearing early in proportion to the intensity of the disease. Of cases treated in the Massachusetts General Hospital, it occurred in one case in 3·81 of those that died, and one in 7·25 of those that recovered (Jackson). Louis found it present in nine-tenths of his fatal cases, and in one half of those that recovered. Vigilance or prolonged and obstinate watchfulness, interrupted occasionally by a transient slumber, and often associated with delirium, is also a frequent symptom in typhoid fever. The hearing we have generally found impaired from an early period of the disease; and the patient often imagines that he hears sounds and voices that do not exist. *Tinnitus aurium*, or ringing in the ears, is a frequent symptom, especially in the early and middle periods of the disease. The vision is seldom much affected till near the close of life, although it sometimes is false, double, or distorted; and the eyes present a peculiarly heavy, languid appearance, watery, or red from an injection of the conjunctival vessels. The secretions of the eye are generally viscid (causing the eyelids to adhere), accumulate in the angles, dry, and often put on the appearance of scabs. The sensibility to light is sometimes much increased. The sense of taste is dull and perverted, so that nauseous medicines are swallowed without repugnance.

The voluntary motions are unsteady; the tongue is tremulous, when protruded, and there is often more or less *subsultus tendinum*. Dr. Jackson found this symptom present in 1 of 3.36 cases, and in 1 of 10 03 of those that recovered. The muscles of the face are sometimes spasmodically affected, producing contraction; or the diaphragm is affected in a similar manner, causing *hiccough*. Prostration of the muscular strength is an early and strongly-marked symptom of typhoid fever. The voice is altered from the beginning; early in the disease it is usually rather plaintive and small, but as it advances, and more particularly in bad cases, it becomes guttural, and at last truly sepulchral. The patient lies on the back, and is constantly inclined to slide down towards the foot of the bed (Smith). An increase of muscular strength, shown by turning upon the side, is a highly favorable symptom, and often indicates the commencement of convalescence. The abdominal symptoms, or those indicative of an affection of the digestive organs, are perhaps more characteristic of typhoid fever than those already mentioned, and they especially serve to distinguish this form of disease from typhus fever.

As we observed the disease in Connecticut, the tongue was generally covered with a whitish fur in the commencement, which became yellowish as the disease progressed, and gradually changed to a brown, or even black color in some instances, when it would crack and peel off leaving the tongue smooth, dry, and very red. The same process would be repeated the second, and even the third time, in the course of the disease; a circumstance also mentioned by Nathan Smith (*loc. cit.*) In some cases, as Dr. Bartlett has observed, the tongue was but slightly altered in appearance, covered perhaps with a light fur, somewhat inclined to dryness, or to a yellowish cast; or it may be smooth, moderately red, and moist, with a tenacious adhesive matter. Sometimes a brown stripe runs through the middle of the tongue; or it becomes red at its tip and edges; or it is coated with a whitish, aphthous exudation or ulceration, which involves the fauces and the mucous membrane of the mouth generally; or the whole tongue becomes swollen, painful, and tender. The dryness of the mouth and tongue, owing to the deficiency of salivary secretion,

occasions a difficulty of protruding the tongue, of swallowing, and other disagreeable sensations; and the lips and teeth are covered with a dark, tenacious sordes, very adhesive. A thick, tough mucus is secreted in the fauces, which is often thrown off in large quantities. The appetite is wholly gone, as well as the power of digesting food; and in their place succeed nausea and vomiting, the matters thrown up consisting of vitiated mucus, or mucus mixed with bile of an unhealthy color and consistence. Diarrhœa is a common symptom in typhoid fever. In all Louis's fatal cases it was present, with the exception of 3; and in 40 fatal cases, it was present on the first day of the disease in 22. Dr. Jackson states that it occurred in more than half his cases, or 1 in 1.77; and of these cases, a much larger proportion died than of those in which this symptom was not present. In mild cases, it is often absent, and makes its appearance in a later period in the disease. Dr. Smith observes that "the latter stage of all severe cases is attended with diarrhœa."*

According to Dr. Hale, diarrhœa is a more frequent symptom in the typhoid fever of Paris than in that of New-England; and this opinion is confirmed by the Report of Dr. Jackson. The stools are liquid, turbid, or of a yellowish or dark-brown color, like new cider; of a fetid, offensive smell; and sometimes contain blood, rarely any mucus. Dr. Smith has truly remarked that the danger of the disease is in proportion to the violence of the diarrhœa; that when the patient has not more than four or five liquid stools in twenty-four hours it is not alarming, as it does not weaken him much; but that if they exceed that number, serious consequences may be apprehended. He adds that he never lost a patient whose bowels continued constipated through the whole course of the disease, nor ever knew a fatal case of it unattended by diarrhœa.

Abdominal pains, generally proportioned in severity and frequency to the diarrhœa, are characteristic symptoms; and with them, *meteorism*, or a tympanitic condition, is a common phenomenon. According to our observation, this is a later symptom in the disease than the others above mentioned; although Dr. Hale remarks that he met with it most frequently in the beginning of the attack. The peristaltic action, as Dr. Smith observes, is sometimes entirely suspended, and flatus rarely passes *per anum*. Emaciation generally goes on gradually, and often becomes extreme where the disease is protracted; but it is not generally very obvious before the end of the second week. The *urine*, at the commencement, is not high-colored, nor does it deposite a sediment; the quantity is somewhat greater than natural, and it often foams, on being voided into a vessel, like new beer. As the disease advances, it becomes

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* We lately attended four cases of Typhoid Fever in the village of Geneva, N.Y.; in all but one of which serous diarrhœa was the most prominent and troublesome symptom. It came on gradually, accompanied with much gastric disturbance, tympanitis, frequent, soft pulse, dulness of hearing (and other cerebral symptoms), hot skin, which afterwards became moist, &c. The rose-colored eruption on the chest was noticed in one instance only. The disease in these cases ran a period of from two to three weeks, before decided convalescence was manifested; all recovered under an alterative, and mildly cordial, and supporting course—as camphor, with Dover's powder, Snake-root tea, weak wine whey, blue pill combined with quinine, &c. In one case, a very severe one, frequent embrocations with warm spirits of turpentine over the abdomen were attended with marked beneficial effects. The inhalation of the terebinthinate vapor which filled the room, appeared decidedly useful as a general stimulant.

more highly colored, and lets fall an abundant sediment towards the close. Epistaxis is a common symptom; and lenticular, rose-colored spots are so frequently observed on the skin as to have received the name of *typhoid eruption.* Dr. Bartlett describes it as a small spot, not a pimple, slightly elevated above the surrounding skin, not always sensible to the touch; about as large in circumference, on an average, as the head of a pin, and of a bright red or rose color; disappearing on pressure, and as suddenly returning when the pressure is removed. This eruption is believed by some to be almost an invariable accompaniament of typhoid fever; and yet Louis found it in 26 out of 36 fatal cases only; Dr. Jackson observed it in but two-thirds of his patients in the Massachusetts General Hospital; and Dr. Hale states that he met with it in 177 out of 197 cases; and he believes the rose-colored spots to be a constant attendant upon the disease. *Sudamina*, or transparent vesicles, were noticed by Dr. H. in 75 cases; and they were present in two-thirds of Louis's cases. They generally occur late in the disease, being seldom seen before the twelfth day, and disappearing after a few days.

Anatomical Lesions.—These have been detailed at great length by Louis, Chomel, Hale, and Bartlett. The most striking are those connected with Peyer's glands. There is a diminution in the natural proportion of the fibrin of the blood, and the cavities of the heart often contain whitish fibrinous coagula (Andral and Gavaret). Blood drawn from the veins during life rarely exhibits the buffy coat; and when present, it is generally soft, gelatinous, or infiltrated, and of a greyish or greenish color. Dr. Hale has recorded the results of 33 dissections after death from typhoid fever,* a synopsis of which we present (from the *Am. Jour. Med. Sciences*, vol. xxv., p. 397), as the fullest history of the pathological changes in this disease hitherto given in our country:

"The head was examined in fourteen. There was some effusion of serum in the arachnoid, or pia mater, in ten cases; an increase of bloody points in the cerebrum, with other marks of fulness of the blood-vessels, in four; glands of Pacchioni enlarged in two; and three were healthy. These appearances are not peculiar to this disease, but are found quite as often in many others.

"The passages in the neck were examined only in seven cases. Ulceration of the epiglottis was observed in one case, and ulceration of the tongue in two. In the remaining four all the passages were healthy.

"The state of the lungs was noticed in thirty-one cases. In eighteen they, as well as the pleura, were healthy; in three there was effusion into the cavity of the pleura; in eight, hepatization, more or less, of the lungs, sometimes in one or two small masses; at others extensive: and, in one or two cases, in both lungs; in two the lungs were engorged with blood; in one infiltrated with serum; and in two there was more or less emphysema. The heart was examined in twenty-eight cases. In three there was somewhat more than the usual quantity of serum in the pericardium. The structure of the heart was healthy in all, except rather flaccid in two or three. In about the same number there was a little thickening of the mitral and semilunar valves.

[*To be continued.*]

* [Remarks on the Pathology of the Typhoid Fever of New-England, as exhibited in its Physical Signs and Anatomical Appearances, by Enoch Hale, M.D., Attending Physician to the Massachusetts General Hospital. Boston, 1839, 8vo., p. 77.]

ART. V.—*On Febrile Caloricity.* By B. DOWLER, M.D., of N. Orleans

To the Editor of the New York Journal of Medicine.

SIR:—In a bibliographical review of my experiments on the above-named subject, in your September number, I recognize a masterly pen, a logical mind, and the initials of a name which, judging from the periodicals of the day, indicate an author who has produced one of the most learned and philosophical works of this age in either hemisphere. I will not be guilty of the affectation of pretending to be insensible to his opinions upon this subject, which he has investigated with so much ability; and, although I certainly have no reason to complain of the manner in which he has spoken of my researches, justice to myself requires that I should say, he has misconceived their import in one respect. I have not said that the temperature of the body in health is always higher in the centre than on the surface; on the contrary, I have shown (so far as several hundred observations made on one person, in eleven consecutive days, can show) that, in the spring of 1844, with an average bed-room temperature of 74°, the body, in bed, at from 4 to 6 A.M., has at every accessible point the same temperature; at least, the variations are so slight as to be wholly unimportant, the averages being,—hand, 98-25°; sole and inner ankle, 98-47°; axilla, 98-4°; popliteal, 97-8°. (See the article "Equal Diffusion of Physiological Caloric, etc.) On leaving the bed, and for some hours after, the calorific fluctuations are in favor of some points upon the surface approximating the centre, as the axilla, which is warmer than the feet; but the hand and urine, at various hours of the day, correspond in a very striking manner: for, although the average heat of the urine is somewhat less, this may be fairly attributed to the method of experimentation—the air, the thermometer, and the glass (a quinine bottle), must be considered absorbing a part of the caloric. I offer the following unpublished tables, illustrating this view, hoping that some one will apply this method to ascertain the temperature of the urine in febrile and other diseases,—a pathological and therapeutic desideratum.

Table showing the temperature of Healthy Urine, with the velocity of its refrigeration, together with the atmospheric heat at the hours of observation, constituting, with the next table, an uninterrupted series of twelve days in the month of June, 1844.

Day.	Hour.	Air.	Urine.	REFRIGERATION IN MINUTES.								
				M. 5	M. 10	M. 15	M. 20	M. 25	M. 30	M. 35	M. 40	M. 45
8	8 A.M.	86°	98°	96°	92°	90°	88°	86°	86°			
—	8 P.M.	82	98	96	94	92	90	89	88			
9	7½ A.M.	80	97	93	88		83½					
—	2 P.M.	94	100	99½	95	94	93	92	91	90	90	
10	5 A.M.	77	97	92		86	84	83	82	80		
—	6 A.M.	79	97½	94	91	90	88	86	84	83	82	82
—	11½ A.M.	86	98	96	94	92	91	90	89	88	87½	86
11	9 A.M.	86	99	96	94	92	90	90	88½	88	87½	86½
—	2 P.M.	91	100	96	93				89	88	88	
12	6 A.M.	77	98½	93	90	88	86	84	83	82	81	
—	12 M.	80	98									
—	6 P.M.	78	100									
13	6 A.M.	74	98									
—	12 M.	86	100									
—	5 P.M.	92	100									
Mean		83·2	98·6	95·15	92·33	90·5	88·15	87·5	86·72	85·57	86	84·73

Table showing the comparative caloricity of the hand and urine simultaneously in a healthy person for six consecutive days, together with the atmospheric heat at the hours of observation.

	A. M.				P. M.			
Day.	Hour.	Air.	Hand.	Urine.	Hour.	Air.	Hand.	Urine.
14	8½	83¾°	98¼°	98¼°	4½	85°	100°	99°
—	10	89	99	98	8	79	100	97
15	5	76	98	97	4½	84	100	100
—	11	86	99	98½	8½	82	100	98
16	5	82	98	98	2½	88	98	100
—	9	84	98	98	5½	86	100	98
—	11	88	100	100	8½	82	98	97
17	6	78	99	99	6½	86	100	98
18	6	76	98	99	1	90	100	98
19	5	76	98	98	3	79	98	98
20	6	76	98	98	6½	84	100	99
—	10	86	99	98	8	80	100	98
Mean.			99·45	98·5			99·5	98·37

The chemical explanation which S. L. M. offers is ingenious—the best, perhaps, that has been given. Still it is an hypothesis. But the greatest of all discoveries have been made by the hypothetical method. When Newton *conjectured* that gravitation might be an universal law among all the heavenly bodies, "he discovered," as the great French Newton, La Place, justly says, "a law by which the celestial phenomena, in their minutest details, are completely explained." The analytic method should avail itself of the advantages of the synthetic. In our rage for facts, it should not be forgotten, that a happy conjecture may anticipate the blind labors of an age. An hypothesis, though intrinsically true, is of little use until verified by the experimental method. The march *à priori* and the march *à posteriori* are both good.

If we admit, with S. L. M., that new chemical actions take place during life, dissolving the vital affinities, as indicated by offensive odor, etc., and by the disengagement of caloric, much of pathology might receive a plausible explanation. An exaltation of temperature, of only a few degrees, in some of the vital organs of the centres, would probably impair or destroy, in a longer or shorter time, the functions, or structure, of both. In this respect, it may be that the organs differ in their ability to bear an increase of temperature. A very curious fact, in point, seems to have been established very recently by the French *savans*, MM. Blondlat, Bernard, Barreswill, and perhaps others, showing that the peculiar principle of the gastric juice, on which digestion depends, is totally annihilated by a temperature of 104° (Fah.) and over! These researches, accredited by the most sagacious journalists of the day, explain the inability of the patient to digest during acute fevers, and afford presumptive proof that the peculiar vital properties of the blood, albumen, etc., may, as it were, be killed or wounded in like manner. Thus the "*vital affinities*," in some organs, may be *burned out at a temperature comparatively low.* The hints thrown out, in the Essay on Febrile

Caloricity, concerning the probable difference between morbid or febrile caloric and mere physical caloric of the *same temperature*, has not, so far as I know, been alluded to by any writer in the form and manner there stated. Many writers have described different sorts of morbid heat without *characterizing* it by its *temperature*. I translate from Dr. Dance's Medical Clinics, the following abridged passage, not to prove the above statement, but for its importance, without affirming that I can myself recognize these differences as satisfactorily as many others seem to have done :—

"*Sharp* and *biting* heat is characterized by the singular circumstances of a stinging and troublesome sensation, appreciable by the sick person and by the physician from a prolonged touch upon the palms of the hands, which carry an impression very justly compared by Galen to the pain that smoke produces on the eyes (*ad tactum acutus*). It appears to exist in deep-seated parts; is never a good augury; seems to pierce the hand with the finest needles; remains for some time, causing uneasiness in the explorer's hand. M. Double indicates another species of heat, which he calls *septu*," etc. (P. 376.) Sir John Pringle says, of the Jail or Hospital Fever (Dis. Army, p. 259), that, 'in the beginning, the heat is moderate. In the advanced state, on first touching the skin, it seems inconsiderable; but, upon feeling the pulse some time, I have been sensible of an uncommon ardor, leaving an unpleasant sensation on my fingers for a few minutes after. The first time I observed this, I referred it to the force of imagination, but I was assured of the reality by repeated experiments, and by the testimony of others, who, without knowing of my observation, had made the same remark.'"

Galen says :—

"Febrium, quæ a putredine oriuntur, maximum indicium est mordacitas et acrimonia caloris; quæ perinde ac fumus nares et oculos, sic ipsa erodere tactum videtur. Non statim ea qualitas, admota manu, discernitur, at per moram prædicta caliditatis species effertur ex penitioribus partibus."

Apart from these considerations, the mere mechanical effect of an augmentation of caloric, exceeding that of health 10° to 15°, whether upon the surface or in the centre, must be tremendous upon the molecular arrangement of liquids and solids—cohesion, elasticity, organization, must be modified; nay, altered. In pathological anatomy, we have no right to assume structural changes that cannot be made palpable to the senses, except, perhaps, in the single instance of calorific agency, because the influence of the latter, in altering every substance in the universe, is either evident to the senses or inferable with very great probability. How different is that pathology which retreats into the depths of the nervous system, beyond the reach of our senses, where all the changes in the nervous substance are assumed—a cataract of words is poured out about sympathy, innervation, nervous fluid, reflex action—but no change can be seen, so far as form, size, color, cohesion, and physical appearances are concerned! Is it so with caloric—subtle and insidious caloric? A volume might be filled in answer; but I will ask the skeptic to witness the progress of a fever of an acute character, attended with much heat upon the surface. After death, let him look upon the skin where the wave of caloric has just passed; it is discolored by bloody infiltrations, ecchymosed, marbled; the blood filtrates rapidly, by gravity, all the dependent parts. As this proceeds, a line is some-

times seen running along the sides of the *cadaver* like a water level; below this, cadaveric hyperæmia prevails; as the blood settles down this recedes lower; turn the body on the face, frequently in a few minutes, it becomes almost as black as that of a negro; turn the body on its back again, the tip of the nose and other elevated points become white; the blackness declines; in a word, the blood will flow backwards and forwards, by gravity, through tissues, whose elasticity, cohesion, and vessels have been changed by the expansive power of caloric. Brittleness, softening, vascularity, exudations, infiltrations, solid and liquid depositions might be expected, and are generally found. Our great Ben. Franklin who bowed the loftiest sciences to utilitarian purposes, has proposed a method of rendering meat tender or digestible, by killing the animals used for diet by electricity, asserting that the electric fluid tears and divides the muscular fibres; in other words, it destroys the cohesion of the tissues. Caloric is, according to Dr. Metcalfe, a modification of electricity, and ought to produce the same effects. Persons killed by sunstroke, putrify quickly; the same is universally affirmed of those killed by lightning.

Calorific diseases, when not greatly complicated, afford Rationalists the best examples by which to illustrate their method The empirical application of hydropathy, or the cold water cure for all maladies, however hurtful it may be in some, seems to prove that calorific diseases are more common than is commonly supposed, or at least, that cold is useful when the surface is not hot. Is not the centre hotter than natural in such cases? Is it possible that both the centre and surface can be of a lower temperature than normal, and yet bear interminable applications of cold without manifest injury, not to say death? Injury, that the patient himself cannot but know and feel, in despite of theory? In no diseases whatever, has the patient so much thirst, so much central, burning heat, according to his own account, as in those called algid; cholera is an example. The congestive of the south, which a Louisiana senator lately represented, as causing the patient to become "*as cold as a wedge*," is another. With respect to the *cadavera*, in this fever, I now very often hear, that they become extremely hot in a few hours after death. I could give cases, vouched for by the weighty names of Dr. Barton, formerly of New Orleans, at present of Havana, and of Professors Stone and Carpenter of this city. Not long since, in the city of Lafayette, in a fatal case of cholera infantum, in Dr. Zehender's family, in which I attended, the doctor informed me, that his child, for many hours after death, grew hotter; and this is the more remarkable as it occurred in the night, which, in this climate, is fanned by cool breezes even in midsummer.

Hufeland says, "there is but one acute disease—fever;" and lays it down as an axiom that "every fever is indispensably accompanied with an increased generation of *heat*." The Medico-Chirurgical Review dissents from this proposition by stating that "many fevers extinguish life with the heat below par." This may be true of the surface or skin, as in congestive; but who will prove that it holds good of the centre, as the liver, heart, stomach, brain, &c.? *Cold Fever* is a common phrase in the South; it is founded on common sense—is no contradiction, and means *great coldness of the surface*, and *great heat of the centre*. *Inward fever* is a common expression with people who know nothing of theories, and is pathologically correct. In his Prize Essay, Dr. Fownes

speaks "of capillary *combustion*,"—"of individuals perishing, to *the very letter burned to death at a low temperature!*"—(*Lancet*, Jan., 1845.)

It was with great reluctance that I used the word *Post-mortem Fever*. "Avoid a new word," says J. Cæsar, "as a rock." "If the new word," says Quintillian, "be well received, small is the glory; if rejected, it raises laughter." Theorists excepted, the whole world mean by fever, a heat, a morbid heat. The præ-mortem and the post-mortem heat mutually illustrate one another. The ghost of the dead Patroclus resembled the living hero, and at the same time differed much: or as Pope makes Homer say,

Alas! how different! yet how like the same!

After much reflection, I am free to say, that the NEOLOGY is just, necessary. Post-mortem Fever differs from the Fever before death, and still more from Physical Caloric, the laws of which are fixed and known, and amenable to mathematical calculation.

Among the curiosities of medical literature, the following meager data should find a place, because they are wholly unsatisfactory in the matter, manner and number of facts, and yet they form the basis of too many deductions. Two illustrious French *Savans*, now no more, MM. Becquerel and Brachet, reported to the Academy of Sciences thirteen pathological cases of temperature, only one of which was a case of fever, and that a complicated one (*fièvre typhoïde compliquée de bronchite*), from which a generalization is drawn by themselves, and adopted by the medical world, showing that the febrile state gives an increase of temperature in the organs of 3° cent., and that in the article of death, the biceps muscle is ½°, and the hand 5° less. (*Comptes Rendus.*)

I regret exceedingly, that I have not the means of making public several hundred histories, constituting probably as many thousand experiments. The two last cases reported in the September number of the *Medical Examiner*, and witnessed by respectable medical men, possess an interest which, if I may judge, no one can question. In the first (Typhoid), for two and a half hours, the epigastrium was at 109°, and yet this was the *minimum* compared with the axilla, rectum, and even with each hypochondrium, which were higher, from 1 to 2½°! In the other case the *præ-mortem caloricity* was 111°, the *post-mortem* 113°! and, in three and a quarter hours, while lying on a board, covered with nothing but a thin muslin shroud, in the night, the cadaver was, when the observations ended, 109°! POST-MORTEM fever has peculiar, nay, very complex laws; it has vortices, beds, foci, oscillating from place to place, sometimes continuing stationary at several points in the centre and at the periphery, both of which may rise and fall together, or the former may constantly decline, and the latter as constantly rise, for an indefinite period, and *vice versâ*, until physical refrigeration comes with its *habeas corpus*. A heat that is morbid post-mortem, and governed by peculiar laws, *deserves* the name of POST-MORTEM FEVER to distinguish it from that occurring before death in the common acceptation of the term.

New Orleans, October 4th, 1845.

ART. V.—*Remarks on the Subject of Priority in the Division of the Entire Masseter Muscle; proposed Simultaneous Division of the same and of the Temporal Muscles of one or both sides, and the formation of an Artificial Joint on the Inferior Maxillary, either by a Simple Division of the bone, or by the Exsection of a portion of it; as a Remedy for Immobility of the Jaw.* By JOHN MURRAY CARNOCHAN, M.D., of New York.

To CHARLES A. LEE, M.D., &c.,
Editor of the New York Journal of Medicine.

New York, Dec. 8, 1845.

DEAR SIR,—My friend, Dr. Carnochan, being in Europe at the time of the publication of the first volume of the American edition of "*Velpeau's Operative Surgery*," translated, and with Notes by Professor Mott and myself, it was out of my power to obtain from Dr. C. the details of a remarkable operation which I had understood he had performed some years since in this city, to remedy the "immobility of the lower jaw."

I hasten, therefore, as an act of justice to Dr. Carnochan, to transmit to you the following highly interesting and instructive communication from him, and addressed to me in relation to that subject.

I am, very respectfully, yours,
P. S. TOWNSEND, M.D.

To P. S. TOWNSEND, Esq., M.D., &c.

SIR:—In your translation of the "Médecine Operatoire" of Velpeau, I observe that you insert, in addition to the original article on Tenotomy and Myotomy, a note, in which the credit is given to a gentleman now practising medicine in this city, for having first divided the masseter muscle for that affection which has been termed "Immobility of the Lower Jaw."

I should feel inclined to allow this statement, and the mere matter of priority, to pass unnoticed, although I am in fact entitled, contrary to your statement, to the claim of having been the first to divide that muscle in this affection, five years ago, were it not that the interest and importance of the case I then operated on, appear to merit a detailed account of the treatment adopted by me on that occasion.

In the year 1840, I was consulted by the mother of a girl about 13 years of age, whom, upon examination, I found to be affected with a destruction of the left cheek, extending from the commissure of the lips, to within a line or two of the ascending branch of the lower jaw, and the anterior margin of the masseter muscle. Accompanying this extensive loss of substance of the cheek, was a complete immobility of the lower jaw, by which the upper and lower jaws were kept in close contact; mastication, and even the introduction of solid alimentary materials, being thus prevented, and articulation rendered exceedingly imperfect. This condition of things having existed for several years, the girl was emaciated to a very great degree, owing to defective nutrition, resulting from the scanty and crude nature of the aliments, which alone could be introduced into the stomach. As both she and her parent seemed ready to submit to any operation, which would tend to alleviate her distressing condition, and remove the deformity, I proposed, in the first place, to remedy the immobility of the jaw; and secondly, to repair the loss of substance, by a Taliacotian operation, or by the Indian method of taking

a flap from the adjoining healthy parts, and transplanting it to the almost destroyed cheek.

It is in relation to the operation for remedying the immobility of the lower jaw, that I at present wish to call your attention; and although the case under consideration, from its difficulties, and the total ossification upon one side of the temporo-maxillary articulation, resulted only in amelioration, yet I claim, in the operation I then performed, to have generalized certain surgical principles, and to have been the first, in this or any other country, to divide entirely the masseter muscle for that affection; as well as to have suggested the formation of an artificial joint, on the anchylosed side, as a justifiable procedure, when the temporo-maxillary articulation remained in its normal state, on the other side.

After having divided the ligamentous, and almost cartilaginous, bridles and adhesions, binding the jaw immovably closed, and applying the screw-lever inserted between the jaws; after the removal of some teeth, the parts not yielding, I passed a narrow tenotome between the masseter muscle and the ramus of the jaw, and divided subcutaneously, from within outwards, that muscle, hoping that the division of its fibres would facilitate the liberation of the joint. I now applied the screw-lever again, with considerable power, but the jaw still remained immovable. It became almost evident to me now, that the joint, on the side where the ulceration had originally existed, between the glenoid cavity of the temporal bone, and the condyle of the jaw, was anchylosed, or soldered by osseous matter, and that nothing short of fracture or section of the bone would allow the articulation of the other side to play. The hopeless and desperate condition of my young patient induced me to persevere, and before resorting to the *division of the temporal muscle*, towards its insertion at the coronoid process, as a *dernier ressort*, as was my intention, I again applied the lever, and the jaw gave way opposite a groove on the inner side of the bone, which the original ulceration had produced. This having been done, the articulation of the right side being perfect, the mouth could be opened an inch and a half, and the patient was so pleased at the novel sensation of putting her tongue out, and with the idea of having a sight of it, of which she had no previous recollection, that she called for a looking-glass. This result, in appearance, was very well, but a fracture unites like an incision of the soft parts, and for the moment the re-union of the jaws in their fixed position, passed in my mind as the probable result. By the action of the masseter, temporal, and pterygoid muscles of the sound side, and their antagonists, the patient could now move the jaw, and even immediately after the operation had power enough to masticate. I therefore gave her an anodyne, and applied a loose bandage, and left her to study and reflect upon this somewhat complicated case. Before my next visit, the following morning, the successful attempt of the formation of an artificial joint on the femur, where the coxo-femoral articulation had become anchylosed, first performed by Dr. Barton, of Philadelphia, occurred to me, and I made up my mind to apply this principle to the lower jaw. After the first inflammatory symptoms had subsided, I ordered a wedge-shaped piece of wood to be kept several hours at a time between the jaws, to prevent them from closing, and requested the patient to put into action the muscles of the sound side during the intervals of its removal, and to masticate biscuit, or other solid substances, which she could very well do. The patient was not old enough, however, to understand the importance of the motion being kept up, to

bring about the end I had in view, that of an artificial joint, and from relaxing her efforts, after being able to masticate and move the jaw for about three weeks, it became evident that the efforts of the healing process were beginning to produce ossific union. To have maintained the mouth in a fixed and open position would have been more inconvenient than to have had the jaws permanently approximated: the indications then became, either to exsect a portion of the lower jaw entirely, so as to insure by loss of substance an artificial joint, or to adjust the jaws in such a way as to prevent further deformity, after the formation of the callus, and at the same time, if possible, to leave an increased space between the alveolar margins for the more easy introduction of food. The condition of the patient not justifying at that time another operation, which, from its nature, would have been tedious and bloody, I determined upon fulfilling the latter indication, and to wait for the improved health and more mature age of the patient, before attempting the formation of an artificial joint by exsection. With these views I allowed the callus to form undisturbedly, and in about six weeks the jaw became immovable in the approximated position, with the amelioration, as a result of the operation, of a slightly increased space having been gained for the introduction of food.

This, then, is the statement of a case which, from the frequency of the "immobility of the lower jaw" in this country, generally originating from the too free mercurial treatment of the febrile diseases, endemic in the Western and Southern States, may not be devoid of interest, and may afford some guidance in the operative procedures, that may be attempted in cases somewhat analogous.

In regard to the train of circumstances which suggested the therapeutic means above resorted to, I shall add a few words. Many years ago, while a pupil of the celebrated Mott, I had seen in his practice, and assisted him in many of these cases of immobility of the jaw, in which he always succeeded so as to restore both the functions of articulation and mastication. In one case, however, which occurred in his practice in 1832, that of a young lady from Louisiana, after putting into play the full power of the screw-lever, and rack-and-pinion-lever, himself and an assistant using simultaneously the two instruments applied between the jaws, the operation had to be abandoned without the least success. After Stromeyer had given the impetus to tenotomy, and proved its utility, in reflecting upon this case last mentioned, it occurred to me, that in those instances, where a free division of the adventitious fibres, and ligamentous bands, had proved insufficient to bring about the liberation of the articulation, the next indication would be, provided there was not an osseous anchylosis at the temporo-maxillary articulation, to divide at a place of election the masseter and temporal muscles of one, or even of both, sides; and I had made up my mind to put these operations into practice, if such a case happened to present itself to me. In my course of lectures on Surgical Anatomy and Operative Surgery, delivered in the winter of 1840, I publicly mentioned these views, and made a dissection of the parts of the lateral regions of the head and face, for the express purpose of demonstrating the practicability and rationality of the section of the masseter and temporal muscles, in this affection of immobility of the lower jaw, *under certain circumstances*. In the same year, the case I have detailed, occurred in my practice, and in the presence of Mr. Eleazar Parmly, Dr. Francis, and other practitioners, now in this city, I

made the subcutaneous section of the masseter, in the manner I have above stated. I was, therefore, as far as I know, the FIRST TO SUGGEST THE DIVISION OF THE MASSETER AND TEMPORAL MUSCLES, in the treatment for immobility of the lower jaw, in those cases in which the division of the other abnormal adhesions had proved insufficient, and where there was not a true anchylosis at the temporo-maxillary articulation, or a doubtful diagnosis existed on that point: as well as the first *to put into practice* the division of the masseter muscle, and to suggest, and endeavor to bring about, the formation of an artificial joint, where perfect anchylosis existed on one side, and where the joint of the other side remained natural, and the corresponding muscles retained their normal functions.

The inference to be drawn from the results of this case, which has induced me to mention to you these particulars, and the experiments performed in relation to the re-union of the shafts of the long bones, would lead us to believe, that mere fracture, or section, of the inferior maxilla, even accompanied by repeated and free motion, would be insufficient to produce an artificial joint; and that to fulfil this indication, the entire exsection of a portion of that bone, either towards the angle, or at some other locality, which the nature of the individual case might suggest, would be necessary. The latest, and one of the most distinguished French writers upon Operative Surgery, in speaking on this subject, says, where this affection "est due à une veritable ankylose, alors, l'art ne peut autre chose que pratiquer une voie aux aliments, par l'extraction d'une ou plusieurs dents." So far, then, as authors have heretofore written, therapeutic means have been abandoned where there was an anchylosis, on one or both sides, at the temporo-maxillary articulation.

As I have already mentioned, the mere fact of priority would not have induced me to touch, at this time, upon this subject; yet I consider the details themselves of the above case, from its complexity, and the surgical principles brought into play during its treatment, of some interest, and as likely to have a bearing upon analogous cases, which, from the frequent occurrence in the country of "Immobility of the Lower Jaw," are not unlikely to be offered to the attention of the surgeon.

I have the honor to be, Sir,
Your obedient servant,

New York, Dec. 6th, 1845. JOHN MURRAY CARNOCHAN.

ART. VI.—*Remarks on the treatment of Bilious Colic by copious enemata.* By J. S. PAIGE, M.D., of Owego, N. Y.

DR. LEE—Dear Sir:

WHEN I made known to you my method of treating bilious, spasmodic or constrictive colic, you were kind enough to express to me your favorable opinion of it, and to offer to extend its publicity by inserting it in your valuable Medical Journal; and believing, as I do, that it may arm the physician with very efficient means of combating this, and perhaps other kindred diseases and also subserve the interests of humanity, I

hope no apology may be deemed necessary from me in offering it for publication.

The case which led to my first essay in this mode of treatment occurred in the summer of 1818, when I was called to attend a man age-about 35 years, who was laboring under a very severe attack of bilioud colic. I pursued the routine of treatment usually followed in sucs cases, and called to my aid several reputable practitioners of medicinh as counsel, and after using various cathartic and emetic medicines, bloode letting, opium, a blister on the abdomen, fomentations, general warm-bathing, and oft-repeated enemas for forty-eight hours or more, I found that I had made no progress towards affording my patient even any hope of relief from his almost intolerable condition, when a lucky thought, as it proved to be, came into my mind—that of making a direct application of some degree of pressure upon the constricted portion of the intestine from below, by introducing a large quantity of fluid with a syringe.

I accordingly directed six pints of water, milk, and molasses, which I commenced using with a half-pint syringe,—the largest at my command at the time—and after using almost the whole of the liquid on hand, the patient began to complain of increased pain and pressure at the point of obstruction, and desired me to desist; but when I made known to him my plan of operations, and that this afforded him the only hope of relief, as I believed, he patiently submitted to my wishes to retain the fluid and allow me to make a little firm pressure therewith on the constriction for a few minutes, which I did, and on withdrawing the syringe, I, as well as the patient, had the great satisfaction to find that the object of our most earnest desires was accomplished; for copious discharges of fœcal matter took place in a very short time, and an almost immediate relief was the result, only a considerable degree of tenderness and some fever remaining, which however soon subsided by the use of mild laxatives, diaphoretics,&c.

Two or three weeks afterwards the same individual had another attack of the same disease from his own imprudence. I commenced the treatment by overcoming the obstruction in the same way as at first, which succeeded in a very few minutes in giving relief; three quarts of fluid also were used on this occasion.

The success of this plan in these two cases induced me to *commence* the treatment of similar cases in the same way, and it has been the uniform mode of my treatment ever since (except in one case of a female where delicacy required a short trial of the ordinary means and which were soon successful in that case), and I have never failed in affording speedy relief in any case.

In two cases occurring in another individual, I found it necessary to use six quarts each time before relief was obtained; but I have never found it necessary to introduce more than about three quarts in any case except in the ones last mentioned.

Since the compound syringe has been introduced into use, we are enabled to force liquids into the intestines with more facility than with the common syringe, and therefore whenever it becomes necessary to use large quantities in this way for any purpose we have more efficient means of doing it at our command.

The quantity of fluid to be used in these cases must be measured by the demand of each individual case, and the directions I would give for

securing the object in view, are, to introduce on our first arrival at a case of this kind, a quantity of mild liquid, such as warm water, or warm water mixed with molasses, or some mucilaginous fluid slowly and steadily till the obstruction be reached, and then to keep the instrument, in situ, a few minutes, and make a gentle but firm pressure with the liquid upon the constriction, for if this precaution be not observed we may fail of affording the relief we so much desire.

After the bowels are evacuated, and the obstruction overcome, some mild laxative should be given to gently move the bowels, and this will generally finish the work; and for this purpose a dose of olive or castor oil, I suppose, will be as good as anything, unless the disease depended on a derangement of the liver, as is often the case, and then more active medicines should be used at the discretion of the physician.

Some of the considerations which urge me to recommend this mode of treatment are, that relief may be more promptly and surely obtained than by any other method, for although other means may act in time, there must necessarily be some delay, if they be not rejected by vomiting, which usually attends this disease.

Great certainty and promptness, these are strong recommendations in favor of the mechanical treatment, and from what I have seen, I feel very confident that it will succeed in almost all *curable cases*, if seasonably applied, and there is perfect safety also to recommend it, if used with reasonable caution. The use of large injections may serve other valuable purposes—they may be resorted to in removing intestinal concretions, hardened fæces in obstinate constipation, in reducing intussusception of the bowels, perhaps in removing worms in some cases, also in irritated conditions of the mucous membrane, in dysentery or other inflammations, and in some cases of poisons in the bowels.

From the great extent of the digestive and absorbent tube and its many diseases, I think it not improbable that much may be done by large injections as media of conveying medicinal agents where they may be directly applied in the treatment of diseases in that canal.

Nov. 8th, 1845.

ART. VII.—*Remarks on the use of Quinine and Calomel in the Treatment of the Intermittent and Remittent Fevers of the West.* By JOHN ELLIS, M.D., of Grand Rapids, Michigan.

PERHAPS no subject can be of more importance to the Western Practitioner, than the proper treatment of Remittent and Intermittent fevers. In point of frequency, duration, and fatality, they are perhaps unequalled by any other class of diseases in our country. Believing, as I most sincerely do, from observation, that their best treatment is not well understood by the great mass of practitioners at the West, and that by a different treatment from that usually pursued, the number of fatal cases, and the duration of suffering, may be materially lessened, I feel constrained to add my testimony to that already accumulated, in *favor of Quinine in large or febrifuge doses as a specific*, and against the mercurial, drastic, and stimulating treatment, as being uncalled for and too often injurious.

I do not propose to enter into a minute detail of the symptoms or remedial management, only so far as the above remedies are concerned. As far as my observation extends, we have two forms of fevers in this section of country, and a mixed fever, partaking the character of both, which usually occurs late in the fall, and requires a corresponding treatment. By far the most common are our marsh fevers, varying from the mildest intermittent to the severest remittent. Then we have a continued fever similar to the continued or typhoid fever of New England, in which there is an almost entire absence of bilious symptoms, and the principal seat of local irritation appears to be in the small intestines. In our bilious fevers there is usually a remission more or less distinct; but it sometimes occurs only every other morning; it will, however, generally take place, unless the form of the disease has been changed or destroyed by inappropriate treatment.

I propose, in the first place, to notice some of the prejudices which exist here; then the usual treatment which has been pursued in this section; and lastly, the treatment which I have found most successful, illustrated by suitable cases and such remarks as may occur.

There is, in the Western country, a strong prejudice against Eastern practitioners. The general impression is, that they do not understand the diseases of the West; and this prejudice is too often encouraged by illiberal practitioners residing here. The young physician who comes to the West, must expect to meet this prejudice; and fortunate, indeed, will he be, if it does not act as a barrier between him and business for a long time; but if he is well skilled in his profession, he must, and will succeed. He who makes himself acquainted with the accumulating knowledge of our science, and with a good judgment and careful observation, follows rational indications in the treatment of diseases, rather than a certain routine, will meet with success, and success will give him business, whether he be located in New York, Michigan, or China. When I came to this place, two years ago, the usual treatment in the miasmatic fevers, was calomel, as a cathartic; brandy, and quinine; of the latter, one grain, once in two hours, and often continued even during the paroxysm of fever; together with small doses of calomel until the gums were affected, unless the disease sooner yielded. The popular impression is, that there is great danger of sinking during the remission, which can only be averted by the use of brandy and stimulating doses of quinine; and these remedies were accordingly generally resorted to early in the disease. This tendency to sinking I have not seen, except where the severity of the paroxysms has been increased by these very stimulants. Were the destructive use of stimulants confined to the sick chamber, it would be less to be lamented, but their baneful effects are felt throughout every walk of society, and upheld by popular prejudice. "If you would prevent an attack of fever, you must take a little brandy in your water," is a common remark, which is too often even countenanced by medical men, notwithstanding the well established facts that diseases, both endemic and epidemic, attack drinkers of alcohol, in whatever form used, and that strict temperance and cleanliness are the great conservators of health. If water is poor I drink it poor, and do not strive to make it better by disguising its taste by the use of a poisonous adjunct. When I came to this place, I was influenced by the opinion of residents, and treated two or three of my first cases after their peculiar method; the result was, one of my first cases died. Mrs. B. was seized with the

premonitory symptoms of fever, and took, of her own accord, a dose of some patent pills, which acted with great severity and rendered her very feeble. Her fever, for two or three days, was without very distinct remissions, but they became more distinct, when I commenced the use of brandy and grain doses of quinine, once in two hours during the remission, together with calomel, ipecac, and opium, in small doses. The quinine, during the remission, seemed to have a good effect, the skin and tongue becoming more moist; but the severity of the paroxysms was increased, as well as the prostration, which continued, notwithstanding the repetition of the dose every hour, and continuing it during the paroxysm, until colliquative discharges from the stomach and bowels came on, and my patient died during a "*sinking turn*," on the ninth day of her disease. I did not succeed in affecting her gums. I believe that stimulants are always injurious and improper in the treatment of these fevers, unless it may be in extreme cases of prostration, where there is danger of reaction not taking place. I have not recommended them in a dozen cases, and am satisfied that, in a majority of these, they have done injury instead of good.

Emetics I never use in these fevers. The irritable state of the stomach and bowels, which I have often seen produced by them in the hands of quacks, has strongly prejudiced me against them, and it is even a question whether cathartics do not often do more harm than good, by increasing the irritability of the stomach and bowels. Certain I am, that I have treated several cases of fever quite as successfully without them, not even disturbing the bowels at all; and in other instances, have subdued the fever, and then, if there was any oppression of the stomach or bowels, have given a mild cathartic with a satisfactory result. I prefer a small dose of calomel or blue pill, followed with oil, or even oil alone, as being mild in their operation, and so time them as to operate towards morning and thus favor a remission. Calomel in small doses to affect the gums, I do not use, having no confidence in it. The disease does not always abate when we get up its specific effect on the system. I believe with those who think that we cannot usually get its effects in those cases, where, if it exercises any control over this and other fevers which are not complicated with local inflammation, we most need it; and when we do get its effects, our patients would get well quite as soon without it. In other words, the mercurial disease is but a symptom that the fever is abating, and not the cause of the abatement.

For the nausea and vomiting which frequently occur, I use ipecac, or ipecac and calomel in minute doses, not to exceed one eighth of a grain each, and rarely fail to quiet the stomach with them. For the diarrhœa and griping which frequently occur in this and other fevers, I more frequently succeed in quieting the bowels with small doses of Fowler's Solution of Arsenic than with any other medicine; from one to three drops once in three or four hours has often relieved, where calomel and opium, ipecac and astringents have failed, even where it approaches a colliquative discharge. But my main dependence is upon *quinine* for bilious fevers (*i. e.*, fevers produced by marsh miasma), and I believe it will control with certainty most, if not every case of the disease, if given at the proper moment, and in *suitable doses*. At all events, I have not failed in a single case, for two seasons past, to control the disease within twenty-four hours from the first dose, where the patient has not tampered with small doses of quinine or other stimulants. In a majority

of cases I have witnessed the admirable febrifuge effects of the medicine, soft and slow pulse, free perspiration, and an abatement of the pain in the head, back, and limbs, within a few hours; and with them a termination of the disease. In the remaining cases a slight and final paroxysm has followed. Where there is a remission, I prefer giving quinine during the remission; but where there is none, I give it at a time when it is most likely to occur, viz., early in the morning. The quantity required to subdue the disease in adults, varies from *fifteen* to *twenty-five* grains, according to the severity of the disease, age, and constitution of the patient, and this I either give at once, or in doses of from five to ten grains, and so that the whole quantity is taken within the space of four or five hours. This is followed with a dose of from three to five grains every morning, until the health is restored. Within the last few months I have been more in the habit of giving the above quantity all at one dose, and I am led to prefer this mode, as I have some reason to suppose that a repetition of the dose interferes with the febrifuge effects of the medicine; for when the above quantity has been taken in divided doses, I think I have more frequently noticed unpleasant symptoms, such as deafness, ringing in the ears, and head-ache, than when it has all been taken at once; but these unpleasant symptoms subside with the disease and are of little consequence. May it not be that we are in the habit of repeating this medicine too often; that one dose between the paroxysms is all that is indicated? I have treated intermittents this season exclusively upon this principle, and I think with more than ordinary success. I expect the first dose of from ten to twenty grains to subdue the paroxysms, and continue it in doses of from three to five grains every day or every other day for a few weeks, according to circumstances. There are many advantages resulting from the administration of quinine in large doses in the management of remittents. If given in a case over which it exercises no control, or is injurious, sufficient will be given at once to satisfy the physician, so that he will be less likely to repeat it until irreparable injury is done; whereas, if given in small doses, several weeks may elapse before he can be satisfied. So far as my observation extends, where it seems to exercise any control over the disease when thus employed, it requires from three to twelve days to subdue it; and even in those cases, it augments the severity of the first paroxysms which follow its administration, and thereby increases local congestions, which too frequently gives rise to troublesome sequelæ. But it too often happens that it does not control the disease but increases the severity of the paroxysms, thereby giving rise to local inflammations, or a continued form of fever, or fatal collapse. In large doses, it may be given where there is local congestion or inflammation of particular organs, as the brain, lungs, liver, spleen, or bowels; and I am fully satisfied from observation, that even the stomach itself will tolerate a large dose when it will not a small one; for the usual duration of the remission is from one to six hours, during which time sufficient cannot be given, in small doses, to subdue the following paroxysm, and if there is no remission, or it is given during the paroxysm, it invariably increases the general excitement; and whatever adds to the general excitement, augments local excitement, which is the cause of the irritability of the stomach. I cannot say that a large dose acts as a sedative, but it acts as a *febrifuge*, and overpowers the febrile excitement without increasing it; or, if given during a remission, it often prevents a return of fever;

if it does not, it invariably lessens its severity and shortens its duration, thereby diminishing local disease.

Large doses of quinine do not appear to irritate the stomach, and I cannot say that they quiet it, only as they quiet the general excitement. I have often given it with the happiest effects within two hours from the time when my patients have been vomiting almost everything they took. Where it has excited vomiting, it has usually been the taste which has sickened the patient, and by making it into pills the same patient has been able to take it within fifteen minutes, with impunity. Should a case occur where the stomach would not tolerate it, I would give its equivalent quantity by injection, or by the skin.

When there is local disease accompanying these fevers, sufficient should be given at once to subdue with certainty the fever; and the dose should not be repeated until the local disease has been subdued, unless a return of a distinct paroxysmal fever demands it; for where we give enough at once to subdue the general disease, we remove perhaps the cause of the local affection, or at least disarm an active agent in continuing it; but when I have repeated the dose, it has appeared in several instances to increase the local disease, as in the following cases.

September, 1845.—Mrs. R. was attacked with the ague, accompanied with a diarrhœa; in the course of four or five days her fever assumed the form of a remittent; paroxysms very severe; discharges from her bowels frequent, bloody, mucous, accompanied with much pain. I was called at this stage, and gave her, during a remission, twenty grains of quinine at one dose, which lessened the severity, and shortened the duration of the following paroxysm. The disease of the bowels abated during the following twenty-four hours, at the end of which time, I thought I had not sufficient control over her fever and gave her ten grains more, which evidently increased the disease of her bowels; but it subsided very readily under the use of morphine and ipecac, together with fomentations. In fact I have always found this disease of the bowels very readily subdued after the fever has been "broken" with quinine. I have had cases of fever, the past season, followed by dysentery, preceded by it, and accompanied with it, but have no reason to think that the use of quinine in this manner tends to produce it; but, on the contrary, I have found quinine of great service in relieving it; and it can be given safely in a large dose, where a repetition of small doses would be injurious.

The following cases will, I think, be found interesting, and the first will show the superior efficacy of large doses of this medicine. *Sept. 4th*, 1844.—Called to see Col. H. during the night; the messenger expressed his fears that he would not live until morning. He had been sick for twenty-two or three days with bilious fever. I found upon inquiry that during the first few days there had been distinct remissions. The treatment had been a cathartic dose of calomel at the commencement, followed with small doses of calomel, and one grain of quinine once in two hours, and brandy more or less freely during the remission; and when the fever assumed a continued form, as it did in a few days, the quinine and brandy were given during the twenty-four hours. At the time I saw him, the calomel had been discontinued some days, as it had slightly affected his gums; the quinine and brandy he still took. He was very restless, more or less wandering of the mind, subsultus, burning heat upon the skin, frequent pulse (120), excessive thirst, tongue

glossy and dry, mouth and fauces covered with aphthæ, hemorrhage from his gums and bowels, and ulceration about his mouth; a train of symptoms formidable enough. I requested that Dr. Platt might be called in consultation. We gave our patient between twenty-five and thirty grains of quinine within four or five hours, and followed it with six grain doses once in six hours, together with the moderate use of brandy, and allowed him to hold ice in his mouth, for his excessive thirst. Under the above treatment his fever abated in a few hours; his mind and nervous system soon became quiet; the aphthæ disappeared, the ulcerations about his mouth healed, and the hemorrhage from his mouth and bowels abated; and for several days there was every prospect that our patient would recover, when, unexpectedly, a profuse hemorrhage from his bowels came on, and carried him off, doubtless arising from ulcerations which were not controlled by the treatment. Had the above treatment been adopted at any stage of the disease prior to the formation of those ulcerations, I see no reason why the patient would not have recovered; for certainly a more unfavorable stage of the disease could not have been chosen to commence the treatment; and a happier effect from medicine, so far as the general disease was concerned, could not have been desired.

Sept. 1st, 1845.—Called to see Mr. L., ten miles from this place, sick with bilious fever nine days. He had been under Thompsonian misrule, had taken one or two lobelia emetics, composition, &c., &c., without end as to quantity. Saw him at night, pulse one hundred and twenty, small, skin and tongue dry, frequent bloody and mucous discharges from his bowels, with much griping; bowels tender, and evidently a good deal of irritation arising from the above drastic and stimulating treatment. I gave him during the night small doses of Fowler's solution; in the morning found his bowels quiet, pulse 105, tongue still dry; gave him twenty grains of quinine in two hours; next day found him with pulse eighty, skin and tongue moist; directed him five grains of quinine every morning; had no return of fever, and speedily recovered.

One word in regard to the continued fever of which I spoke, at the commencement of this communication. I have had several cases of it. They have generally been without any remission; often the pulse not varying three beats during the twenty-four hours. Under a mild and expectant treatment, calculated to allay the irritability of the bowels, convalescence has usually taken place from the ninth to the fourteenth day. I have in two instances tried the effect of quinine in this fever, to satisfy myself whether it would control it or not; and although I gave it in sufficient quantity to control any case of marsh fever of the severity of the cases in which I used it, no benefit was derived in either instance. In one case it did not appear to affect the fever at all, neither increasing nor lessening the frequency of the pulse. A diarrhœa came on soon after, whether the effect of the quinine or not I am not satisfied; and, after continuing two or three days under ordinary treatment, it was relieved by a few small doses of Fowler's solution. Convalescence took place about the ninth day.

In the other case I gave a cathartic, and after its operation gave the quinine. The tongue soon became covered with a thick yellow coating, dry in the centre; skin more dry, and the disease evidently aggravated; whether this resulted from the use of the quinine or the cathartic, I cannot say, but think both were improper, as she had taken a cathartic some

days before. The above symptoms abated in a few days, and she became convalescent about the fourteenth day; soon after which, her friends wishing to make certain of a cure, gave her a dose of *composition*, which brought on a relapse, and, after a few days, a slight periodical chill came on. Although the disease did not possess the character of a remittent or bilious fever, still I was led to try the quinine again, and with the same effect as before. In this instance also there was no doubt but that the quinine aggravated the disease. The patient ultimately recovered.

As cold weather approaches, the cause which produces continued fevers, acting upon systems already under the influence of Marsh Miasm, often gives rise to a mixed fever, partaking the character of both, without remissions. So far as I have seen, very little benefit is derived from quinine; but frequently, if often repeated, much injury; but wherever, in these cases, there is a remission, quinine will control the disease. In fact, I consider a remission as conclusive evidence that the system is in a state to tolerate the use of quinine, and it will be seen, by referring to the above cases, that I frequently use it where there is no remission, but I must be satisfied from the history of the case, and present symptoms, that it is a distinct miasmatic remittent fever; then, if its type has been destroyed by drastic cathartics or stimulants, I do not hesitate to use quinine, but not always with equal success, as we have in that case a disease difficult to manage with any treatment.

The above treatment of our bilious remittent fever has now been pursued by Dr. Platt and myself for two seasons, and with uniform success; neither of us having lost a patient under this treatment, where we had charge of them before they had tampered with small doses of quinine. Notwithstanding last season we did the entire business within the circle of our ride for about two weeks, and the greater share of it for several, during the most sickly portion of the year, owing to the ill health of other practitioners. The number of deaths which have occurred during this time under the stimulating treatment has not been small, although several of them have occurred under Thompsonian treatment. Thompsonianism is nearly extinct; very few trust it; and none have this year, up to the time of death. I have rescued several under this treatment from an almost certain fate, and presume others have done the same.

Since writing the above, the following case has occurred. *Oct. 7th*, 1845.—Called to see Mrs. A., on the fourth day of her sickness. She had had an attack of remittent fever, and took, of her own accord, a dose of calomel, which operated with great severity, and left her with a diarrhœa, which continued at the time I saw her. After the operation of her calomel, she commenced the use of quinine, one grain once in one hour and a half, which aggravated her symptoms excessively, producing extreme restlessness, violent headache, &c.; she said she thought it would kill her to continue to take it. I found her as above, pulse 120; partial paralysis of her tongue, which was heavily coated, and began to peel off in the centre, leaving a glossy surface. I directed my attention to relieve the bowels, expecting a remission in the morning, but none occurred; pulse 120; I gave her twenty grains of quinine in the morning; at night her pulse was 95, and she had spent the most comfortable day she had had. The following morning her pulse was 100. Satisfied that the quinine the day before had done good, and thinking I might still derive benefit from it, I gave her ten grains in the morning and ten at

night, but derived no benefit from it, and therefore discontinued it. The following morning her pulse was 105; in a few days it increased to 120; tongue peeled off, become dry; bowels tender, but not much pain. Dr. Shepard was called in consultation, and we came to the conclusion to try the quinine again; twenty grains of which were given in two doses, but it evidently aggravated her disease for the time, and we did not repeat it until the stage of collapse, when we resorted to quinine and stimulants, but she died on the 16th day of her disease.

Remarks.—Had her bowels been quieted after the operation of her calomel, and had she taken twenty grains of quinine at the time she commenced taking the grain doses, judging from the effects it produced when I gave it to her, I can see no reason why it would not have checked her disease at once, as the complications were apparently produced by the drastic operation of the calomel and the stimulating doses of quinine. I think all the quinine after the first dose of twenty grains was injurious, and should not have been given; that *that* dose destroyed the miasmatic disease, and that the remaining fever was symptomatic of the local irritation, and that her chance would have been better without any more, although poor enough at best. In conclusion I cannot too strongly recommend in all doubtful and complicated cases, where quinine is to be given, the administration of a single large dose, once for all, and that it be not repeated until the complications are removed. A single suitable dose will prevent a return of paroxysmal fever for several days at least, and if it returns before the local affections are removed, it can be repeated if thought advisable. I repeat that I am fully satisfied that a frequent repetition of small doses aggravates, if it does not even develope subacute local inflammation. I have seen a case of distinct remittent fever, within the last few days, which was treated by a frequent repetition of doses of quinine and brandy, when at the end of thirty-six hours inflammation of the lungs came on and destroyed the patient. In this instance, if the above medicine did not cause the disease, it was evident to all, that when the disease was developed, the above remedies, of which she took several doses, evidently aggravated the complaint, so much that she refused to take them. Even in the stage of collapse, I prefer a large dose once or twice a day to a frequent repetition of small doses, as in the following case:—Called to see Mrs. P. in consultation; she had been sick nearly two weeks with a distinct remittent; she was then in a state of collapse, and had been failing for several hours, and in a whisper told her husband that I had come too late, as she must die. She was taking grain doses of quinine every hour and brandy. I recommended to the attending physician to give her twenty grains of quinine, and then repeat five grain doses once in twelve hours. I saw her husband a few days after, and learned that she commenced improving immediately after taking the first dose.

Grand Rapids (*Mich.*), *Oct.* 20*th*, 1845.

Since writing the above, Dr. Platt has favored me with the following communication:—

"In the year 1832, when I came to the eastern part of this State, the mode of treating the remitting and intermitting fevers was generally to give an emetic at the commencement, followed by a cathartic; during the intermission or remission, one or two grain doses of quinine, often

accompanied with brandy, in the same number of hours; the fever continuing from seven to fourteen days; those cases that proved fatal were universally accompanied by organic lesion, mostly confined to the mucous membrane of the stomach and small intestines. I soon became satisfied that emetics and drastic cathartics assisted in bringing on this state of things, as there was, and is still, in our fevers a strong disposition to gastric irritation; the use of emetics was soon abandoned by a majority of the profession. Whether this irritation or inflammation of the mucous membrane is the cause or the effect of the fever, I consider is of little consequence in regard to the treatment. Cathartics, with many small doses of calomel, combined with a diaphoretic, and, during the intermission or remissions, small doses of quinine, so far as I have any knowledge, constituted the treatment of our summer fevers for the last twelve years by a majority of our practitioners throughout the State. What proportion of the cases under this treatment has been fatal I am unable to say; in some locations the number has not been proportionally small. In regard to drastic cathartics, they are, in my opinion, as objectionable as emetics. Cases have come under my observation which have terminated fatally, and that suddenly, by the indiscriminate use by families of Brandreth's Pills, and other like nostrums.

"I was called a few days since to see Mrs. N——, five miles north of this village. I was informed that she had been unwell for several days with pain of the head and chill-fevers, loss of appetite, &c. By the advice of her husband she took six drastic pills; in about three hours she was taken with severe vomiting and purging, with great distress. I saw her in about three hours after these symptoms commenced, and found her pulseless, with coldness of the extremities, and a cold, clammy sweat over the whole body; discharges from the bowels watery, with great tenderness. I applied a mustard cataplasm to the region of the stomach, and gave her fifteen grains of quinine in cold water, which she retained; no more vomiting; and she soon expressed herself as feeling better, more particularly from a sense of exhaustion at the stomach. In one hour from the first I gave her five grains more; she remained feeble for several days, but had no return of fever, or any of the other unpleasant symptoms.

"I have seen like symptoms from the use of drastic cathartics in many cases, causing great gastric irritation; and the repeating of them, if not causing a state of collapse, had been often the means of changing a simple remittent or intermittent into a fever of a continued type, with a dry, red tongue, irritable stomach, diarrhœa, frequent pulse, with a rapid emaciation. Although I am aware that the impression generally prevails, that, in our bilious fevers, repeated cathartics are necessary, if given, they should be of the mildest character, blue mass, castor oil, &c. I have never been satisfied of any beneficial effects of alterative doses of calomel, except in our late autumnal fevers, which often assume a continued form and a typhoid type; in these cases, the salivary and biliary secretions are checked, and the skin is hot and dry. In these, and similar cases, I have given, with the best success, calomel, from one to three grains, combined with ipecac or Dover's powders, every four or six hours, until the secretions were restored.

"Two years since I adopted a different mode of treatment, more particularly in regard to the use of quinine. At the commencement I give a mild cathartic; I prefer blue mass, from eight to ten grains, at evening,

followed by castor oil, or sulphate of magnesia, the next morning; during the first perfect intermission or remission, twenty or twenty-five grains of quinine (from five to twenty grains to the dose, according to the urgency of the symptoms). By this treatment, I have now no recollection of ever failing of putting a final check to the fever, even where there has been considerable gastric irritation. I have found, to my no little surprise, that quinine, in the above quantity, instead of increasing, has rather diminished the latter symptoms. I am well satisfied that many of the cases that have lately come under my charge, would, with my former treatment, have been protracted to seven or fourteen days, with much suffering, to say the least. With the use of grain doses of quinine and brandy (the latter I think more injurious than the former, and never should be used except, perhaps, in the stage of collapse), if I have not succeeded in breaking up the paroxysm, I have invariably increased its severity and prolonged its duration; and, by continuing the remedies, I have seen one paroxysm forced upon the heels of the other, creating a fever of a continued type; but, with the use of large doses, if I have not prevented the paroxysm, I have lessened the severity of the fever and shortened its duration; and, from my experience in the use of large doses, I believe them far preferable to small ones in all cases where quinine is indicated.

In regard to its *modus operandi*, I am of the opinion that it has a specific effect in all miasmatic diseases, and mostly so *in large doses;* relieving immediately pain and general restlessness, producing a moist condition of the skin, lessening the frequency of the pulse, and restoring the functions to their normal condition.

July 16th, 1845, I was called to Mr. S——, living fourteen miles from town, who was afflicted with remitting fever. He had been sick when I saw him five days. He had taken at the commencement of the attack twelve grains of calomel, followed by castor oil, and, during the remissions, which lasted about five hours, two powders of quinine, containing about two grains each; every succeeding paroxysm was prolonged, and more severe, accompanied with increased distress. I saw him during the remission; his pulse was 120, and he expressed himself as not able to live through another paroxysm. I immediately gave him six of his powders of quinine combined; I remained with him two hours; his pulse became more full, and numbered 100; skin moist; gave him five grains more, and left him. He has since informed me he had no more fever, and from this time rapidly recovered.

A. Platt.

[To the above valuable communications on the subject of the treatment of our Western Fevers, we subjoin an extract from a letter lately received from a very intelligent young physician, recently returned from a visit to the Western States:—]

Ithaca, December 3, 1845.

"Dear Doctor,—During a professional tour to the South and West this past summer and autumn, I had an opportunity of witnessing both the public and private practice of some of the most talented physicians in that region of country; and their practice so particularly coincides with Dr. Wright's, of the Army, as described in the September number of your Journal, that I am induced to send the details to you, to make such use of as you may think proper. The class of evers indicating the use of quinine and other tonics, has been unusually rife at

the Southwest this year, and I may say the treatment has been correspondingly characteristic. I take from my Note Book at the time a summary of twenty-five cases of intermittent fever, all of which were treated with the like favorable result. 1st, Moderate venesection, according to the age and strength of the patient; 2d, Sulphate of quinine (ten to fifteen grains), commencing two hours before the expected recurrence, invariably broke up the pyrexial stage. The quinine was generally suspended after the fourth hour; a cathartic of sub. mur. hyd. was given some twelve hours after the first dose, which never failed to restore healthy biliary secretions. The continuance of small doses, five to eight grains of quinine, for six or seven days, with occasionally a dose of rhubarb and aloes, entirely eradicated the disease. The unpleasant sensation of ringing in the ears, deafness, &c., usually passed off in a few hours, without any untoward results. The exhibition of forty-five grains every two hours, in the severest forms of congestive fever, has caused a sudden subsidence of all the alarming symptoms. Equally successful has been the administration of 1½ grains; sometimes 2½ grains of tartar emetic, in combination with simple syrup, every hour, in seven cases of pneumonia, after the manner of Laennec. We, at the North, cannot have these facts too strongly fixed on our mind, to overcome the prejudices arising from the maladministration of the above article, which often proves more efficacious than the lancet, in judicious hands.

"Yours, very respectfully,
"D. E. Bishop, M.D."

Art. VIII.—*Case of Abscess of the Left Lung; thickening and partial Ulceration of the Pericardium: Adhesion of the Right Lung, and extensive Tubercular Deposition through the entire Pulmonary Structure; with Obscure Diagnosis.* By A. B. Smith, M.D., of Ludlowville, N. Y.

Mr. Editor,—A very interesting article lately appeared in your Journal, by Dr. Swett of New York, illustrative of the difficulty of correct diagnosis in some cases of pulmonary and cardiac affections. Should the following case appear to you to possess sufficient interest, in connection with the same subject, to justify its publication, it is at your disposal.

Campfield Tompkins, æt. 51, was a farmer of good health until about three years since, when, as the family believe, he received an injury by a fall from the scaffolding in a barn.

From that time until April, 1844, the period of his attack with the illness of which he died, he had occasionally, on rising in the morning, attacks of quite severe pain in the left hypochondrium. It, however, lasted but a short time, and left him feeling nearly as well as before, not interfering at all with the business of his vocation.

At the time above noted, while working in the field he was attacked with severe pain in the left hypochondrium (that being the place to which he always pointed as the seat of most of his pain), nausea, pain in the head and fever. Had a very restless night, was considerably worse in the morning. He however attempted to labor again, thinking thereby to get rid of his bad feelings, but he was soon obliged to desist, the symptoms becoming aggravated. Took a cathartic of sulph. magnesia which operated pretty freely, but procured no relief. The following day he called a physician, who gave a cathartic followed with a relaxing diaphoretic; and left orders for the application of a sinapism over the seat of the pain. This removed the most urgent symptoms, but he was by no means con-

valescent, but from that time until his death, continued, with only transient periods of apparent convalescence, to decline.

From this time until March, 1845, when I first saw him, he had most of the time been under an alterative, anti-phlogistic course of treatment —and often with considerable relief; worn tart. emetic pustulating plasters over the seat of the pain ; complained of a tightness and fulness under the right breast, which soon succeeded his first attack, and continued to harass him the remainder of his life.

When I first saw him, he had the following symptoms :—a sallow, rather sunken countenance, tongue slightly coated with a yellow fur; pulse a little accelerated ; skin preternaturally warm and dry ; pain in the left hypochondrium ; tightness and fulness under the right breast ; bowels costive ; urine scanty and high colored ; also at times a slight hacking cough, attended with scanty mucous expectoration. Gave a cathartic, to be followed with blue pill every night, if the bowels did not remain sufficiently soluble, and a solution of tart. emet. and ipecac ; the latter to be discontinued when the febrile action subsided. Saw him three days after : sallowness mostly gone, tongue cleaning ; no cough ; tightness and fulness less frequent and distressing, and bowels regular. He sits up and walks about most of the time.

Prepared a decoction of *polygala senega*, *taraxacum*, *ipecac*, and *rhubarb*, which had no visible effect ; did not supersede the use of the laxative pills which we designed it should do. Discontinued this ; prescribed *tinct. iodine*, to be taken and applied externally over the seat of the pain, and a pill of *mass. hydrarg.*, *ipecac.* and *ext. taraxacum ;*—to be taken every night on going to bed. Under this he appeared to improve, until he caught cold, when we had to discontinue the internal use of iodine, as it disagreed with his stomach and created a fever.

Until a short time previous to this, we had supposed the case to be one of impairment chiefly of the nutritive function, from a general glandular disease, in which the lungs were not seriously implicated, believing their morbid symptoms to be mostly sympathetic, from their mild and intermittent character. But we had to change our opinion somewhat by a closer examination, which revealed to us the following symptoms.—Countenance sunken ; pulse sixty and quite feeble ; tongue slightly coated with a white fur ; slight hacking cough on rising in the morning, with but little and at times no expectoration ; tightness and fulness periodical, occurring about half past one P.M., and remaining until about three—attended with some fever ; pain in the left hypochondrium, dull and aching, with complete intermissions ; but soreness constant and at times exquisite.

The right side of the chest was considerably enlarged, the ribs projecting about twelve lines in front of the sternum, very resonant, with a preternaturally strong respiratory murmur, though otherwise healthy. The left side was much contracted, had no motion on respiration, elicited a dull sound on percussion, and could detect *no* respiratory murmur on the left of the mediastinum. From this we concluded that the left lung was totally impermeable to air, although we could not satisfy ourselves as to the cause. The heart's action was healthy as far as we could determine.

Some three days after this, the patient began more rapidly to decline—was very restless, though in but little pain ; most of the time none at all—manifested nothing new, except that the tongue assumed the raw-beef appearance.

Being now certain that no medicine could reach his case, our treatment from that time was only palliative. With a little morphine, &c., he was quite comfortable, and rested pretty well at night. Had no hectic, unless the slight fever attending, or causing the tightness and fulness, might be so called. Had no night sweats or any other colliquative discharge, but continued gradually, and at times almost imperceptibly, to waste away, until the last sands of life had ebbed out.

Autopsy twenty-four hours after death :—Emaciation extreme; no discoloration, or tympanitis.

After opening the chest in the usual way, I commenced the elevation from the right lateral inferior part of the sternum and cartilages, with the following appearances, viz. :—Under the right breast, as low down as the fifth rib, commencing on the cartilage, and extending laterally, was an adhesion of the lung for about thirty lines; which, in addition to the pleura for its bond, had several cartilaginous bands. There were also several incipient tubercles in the inferior margin of the anterior lobe. With these exceptions, the right lung appeared perfectly healthy, had no tubercles, miliary or otherwise, in the summit. I then divided the diaphragm to the left lateral incision, without, however, opening into the left pleural cavity, as it was firmly adherent to the pericardium : the diaphragm was also much thickened. On extending the incision upwards through the mediastinum I found that much thickened, and also firmly adherent to the pericardium; and that again to the costal pleura, through the whole extent of its contact, except where extending ulceration had burrowed in. Through these openings, yellow and not very fœtid pus issued quite freely. Turning the sternum back, we found the left pleural cavity completely occupied with pus, the lung being entirely disorganized, and the bronchi obliterated. We also discovered near the ensiform cartilage, at the right margin of the sternum, a large tubercle imbedded in the pleura in the caseous stage, and two near the superior part of the sternum; one of which was quite small, situated upon the first bone of the sternum, and the other a very large one, being over twelve lines in its lateral diameter, upon the cartilage of the first rib. The *heart* was of the usual size and healthy. Being obliged to hasten the autopsy we made no further examination of the chest.

The stomach and bowels, with their appendages, were healthy, except the mesenteric glands, which had quite large patches of miliary tubercles, with the interspaces healthy. The liver and spleen also contained the caseous tubercle, with, however, no other appearance of disease. In the appearance of the latter we were much disappointed, expecting from the symptoms, evidence of severe disease, the left hypochondrium having been the seat of most of the pain of which he complained. But doubtless this was sympathetic.

The singularity and much of the interest of this case consist in the absence of many, I might say most of the symptoms attendant on such a pathological condition, and the mild and equivocal character of those present. As far as I can learn, he never complained of pain or soreness in the chest (and with a view to detect the latter I have often thoroughly examined him), had no dyspnœa; and never a harassing cough, and but little expectoration; slept perfectly quiet on either side; had no rigors,—or, as I conceive, hectic proper, and no night sweats. The character of the symptoms we will not again enumerate, as they have been sufficiently described.

Now in the light of these facts, the inquiry suggested to my mind, and one that I have not been able yet to satisfy is,—How could inflammation, sufficiently active as to cause hepatization and softening, have thus occurred in this occult manner and without producing more strongly marked symptoms ?

I am sure that had there been an ordinary susceptibility of the system, disease could not have effected such extensive ravages, upon organs playing so important a part in the animal economy, and so essential to life, without having caused the most exquisite suffering, and giving evidence by unequivocal signs and symptoms of the character and extent of the disease. I question seriously whether such extensive disorganization could have thus occurred in any other than a system so devoid of sensibility.

ART. IX.—*Report on the use of Sulphate of Quinine, in Miasmatic Diseases of the South.* By W. H. VAN BUREN, M.D., late of the Medical Staff, U. S. Army, Prosector to the Professor of Surgery, University of the City of New York.

THE following "Report," now published by permission of the Surgeon General of the Army, to whom it was originally made, was furnished in compliance with instructions issued to the Officers of the Medical Staff, in the month of August, 1843.

To those of the profession who are not familiar with the diseases of our southern Country the opinions thus imperfectly set forth may appear extravagant and ill-judged. If success, however, is the test of practice, the Archives of the Surgeon General's Bureau will demonstrate their propriety, endorsed as they are by the approval of a majority of the most experienced army surgeons who served in Florida. As I am no longer one of their number, I may assert without impropriety that to the Medical Corps of the Army belongs the credit of first testing this practice extensively on our continent, and establishing its superiority.

Whether large doses of quinine are as well suited to Miasmatic diseases occurring in the North and West, as at the South, remains to be proved. Of this fact, however, I am convinced, that long exposure to miasmatic poison begets a tolerance of the remedy beyond that possessed by the resident of a healthy district. Since the "Report" was written I have tested the quinine in large doses in numerous instances in the city of Washington, D. C., and its immediate vicinity, and I have found no reason to alter the opinions already expressed. W. H. V. B.
New York, December, 1845.

In answer to your '*Circular*' of the 14th ult., I have the honor to submit the following reply.

My experience in the use of large doses of sulphate of quinine, has been acquired since the commencement of my service in Florida, now more than two years ago. During the whole of this period I have been on duty, and, for the greater part of it, in charge of a command exceeding four companies of U. S. troops. On a rough estimate, I may safely say that I have treated more than 1000 cases of disease of the country up to the present time.

During the first four months of my service in Florida, I was in the habit of using quinine in doses varying from two to twenty grains, according to my judgment at that time. My authority, then, for the use of the medicine in large doses, was the experience of the French Army Surgeons in Africa, and the experiments of M. Piorry and others in Paris in 1838–39. Afterwards, by the experience of Surgeon B. F. Harvey, U. S. Army, I was induced to employ large doses much more generally, and since May, 1841, I have rarely used less than from ten to twenty grains at a dose, when I wished to secure the full and specific effects of the remedy.

I have invariably employed the sulphate of quinine (super-sulphate when in solution), procured from the Medical Purveyors of the Army, and, to the best of my knowledge, it has always been of a good quality.

My present experience in the use of the medicine suggests the following mode of practice, which, since its adoption, I have had no occasion to change; on the contrary, its superiority has been uniformly more strongly confirmed.

In *Simple Intermittents* of every variety I am in the habit of administering 15 to 20 grains of quinine, most generally in solution, from six to twelve hours before the chill is expected; always making allowance, when necessary, for its *anticipation*. In *pure ague and fever*, when the derangement of the nervous system has as yet produced no *visceral* or *glandular* disease, I use no '*preparatory medicines*,' believing that thus far the disease lies wholly in the nervous system,—that other symptoms are but consequences of its irregular action,—and, that 'preparatory medicines,' when not positively indicated, are not only unnecessary, but decidedly injurious.

In about two-thirds of the cases thus treated, I have found it unnecessary to *repeat* the dose in order to effect a cure, and I am unable at present to remember an instance in which a *third* dose has been required. I believe that when the proper moment can be exactly ascertained in which to administer 15 or 20 grains of quinine, one dose will prevent the recurrence of a chill in ninety out of a hundred cases,—and that when the disease is thus cut short on its first attack, it is far less liable to recur at a future period.

In *Remittent Fevers* I am in the habit of combating the paroxysms according to the indications in each case,—rarely by venesection or emetics, most frequently by mercurial cathartics, acidulated drinks, and the *free use of cold water to the surface of the body*. The moment that the skin becomes moist, without particular regard to the state of the pulse, I give from 20 to 25 grains of quinine, according to the severity of the case, the constitution of the patient, and the general type of disease at the time,—and repeat it in from four to eight hours. This treatment will in most cases prevent a return of the paroxysm. The most effectual remedies for *gastric irritability* I have found to be a strong infusion of capsicum, and *ice*, held in the mouth, or swallowed in bulk. It has been necessary, however, to administer the quinine whilst ten or twelve cups were drawing on the abdomen, in order to prevent its rejection by the stomach, and, in other cases, to secure its action by the application of 60 or 80 grains to a blistered surface on the epigastrium. If the doses mentioned above can be retained, and absorbed by the stomach, the fever cannot continue.

In *Malignant Intermittents*,—the '*Fièvres Intermittentes Pernicieuses*,'

of Alibert,—the prompt and decided use of the remedy in the same doses, is successful with equal certainty. In these cases, however, it is necessary to keep up its action for a somewhat longer period than in simple remittents.

In what is called "Congestive Fever," which most frequently occurs as a *Malignant Intermittent of one paroxysm*, I have no precise limit to the use of the remedy. Forty grains, if retained and digested by the stomach, will, I believe, secure its full effect for a longer or shorter period; and generally in ten or fifteen hours reaction comes on—if at all. With nerve and decision in the employment of quinine in full doses, in connexion with stimulants (brandy and capsicum), and external stimulants (of which the best are aq. ammonia fort. and the decoction of cantharides in sp. terebinth.), used with the necessary energy and perseverance—I consider this disease—the most severe of an endemic form that occurs in our Southern country—to be perfectly manageable when taken in time by a physician of judgment. Calomel is valuable as a cathartic, and, in certain cases, to allay gastric irritability;—but glysters, especially those of a stimulating character, and if necessary containing quinine, act more rapidly, and in these cases there is rarely time to secure the specific effects of mercury.

In Yellow Fever I regret to say that I have never seen any decided and permanent good effects from the use of quinine—though it was employed in doses of every size in a number of cases at this post, in the autumn of 1841. The trial of the medicine at that time was not decisive—but the results were far from satisfactory. With regard to the pathology of this disease, I have been induced to believe that its *ultimate cause* induces a peculiar action of the liver, which results in a vitiated secretion from this organ, of the character of an animal poison; this, passing into the blood, produces an *alteration of that fluid*, and, as a consequence, of all the secretions, and thus gives rise to the peculiar condition of the nervous system, which characterizes the disease. When the kidneys cease to act, and the *urea* is no longer eliminated from the blood, *it* acts upon the brain as a narcotic poison, as is proved by its effects where the chemical preparation is taken into the stomach. Why may not the elements of the bile, chemically altered, produce an analogous effect? If it were not unconnected with the subject, further evidence might be adduced, which would, I think, give some plausibility to this view of the pathology of Yellow Fever; I have introduced it here to explain, if possible, why quinine does not act as energetically in this as in other forms of fever of a similar character: it is, that the primary seat of the disease in Yellow Fever is the *blood*—and not the nervous system, as in miasmatic diseases—derangement of the nervous system being the *consequence*, and not the *cause* of the disease.

In enlargement of the spleen, as a sequela of Intermittent Fevers, I have never yet failed to effect a cure by large doses of quinine—even in cases where other treatment had failed. The following case will show the mode of its administration.

At Fort King, E. F., in December, 1842, a boy of nine years of age was brought to me, with an enormously enlarged spleen, of eighteen months' duration; he had been under treatment without benefit for some time previously, I presume by the ordinary means. His skin was dry and sallow, appetite depraved, bowels irregular, and spirits entirely gone; no pain on pressure over either liver or spleen. At first sight I thought

the boy was dropsical, from the unusual size of his belly, but, on examination, fully one half of the abdominal cavity was found occupied by the spleen, which was hard and well defined in its outlines. I prescribed gr. ss. hydrarg. chlor. mitis. three times a day, which was continued for ten days; at the same time a blister was applied over the spleen, and dressed with sixty grains quin. sulph. pulv., and every other morning twenty-five grains of the same were given internally (in pills of 5 grs. each) at once, for four successive doses; the fifth dose of 25 grs. was given after an interval of three days, and the sixth dose four days later. This was all the medicine used, and at the end of the month the spleen was reduced to its natural size, and the child was in perfect health—and so continues at the present time. The most striking circumstance in this case was, that at no time during the treatment could I detect any *cerebral* symptoms from the quinine; in fact its only evident effect was the diminution of the spleen. Of its mode of action in cases of this kind I can afford no explanation. I have invariably observed that children bear large doses of quinine even better than adults. About this time I gave an infant six weeks old *five grains*, stopping its ague at once, and without a bad symptom.

I have seen M. Piorry, in the Hôpital de la Pitié, at Paris, after marking out the outlines of an enlarged spleen on the skin of the abdomen with lunar caustic, give twenty-five grains of quinine to the patient, and on examination, *two hours afterwards*, assert that he detected a decided diminution in its size. I did not satisfy myself, however, that this was actually the case—perhaps from want of skill in *palpation*.

In *Masked Intermittents*, I am also convinced of the superior utility of large doses of the medicine. Intermittent hemicrania is the most obstinate form of miasmatic disease that I have encountered.

I have used the sulphate of quinine, experimentally, to a limited extent, in other forms of disease besides those enumerated: in chronic hepatitis, epilepsy, amaurosis, and mania,—but without any results of interest. I am prepared to believe, however, that all functional diseases of the nervous system are to some extent under the influence of this medicine, and that it will *cure* any disease of an intermittent character.

I have given twenty grains of quinine on two occasions during *frank, open fever*, with hot skin and excited pulse—when alarmed at its long continuance and fearful that it would result in congestion; in both cases it acted apparently as a *nervous and arterial sedative*, being followed by relaxation of the skin and falling of the pulse to the natural standard.

I have never seen bad effects from the use of large doses of the medicine, in any stage of fever, though I am not prepared to use it indiscriminately where there is cerebral excitement.

In smaller doses, under the same circumstances, I have been repeatedly impressed with the idea that it increased the febrile symptoms, and failed in producing a sedative, or equalizing effect.

I believe that a full dose of quinine is from fifteen to twenty-five grains, according to the impressibility of the patient; and that, as is the case with many other medicines, the effect of a smaller, or fractional dose, is very different from that of a full dose; and that, where the full impression of the remedy is required, it is more economical, as well as more philosophical, and far more likely to be immediately successful, to administer ℈j at once, at the proper time, than gr. ij. every two hours, for three or four days, or longer.

In two instances, after administering grs. xx. of quinine, too late, apparently, to prevent the access of a paroxysm of fever, I have witnessed a singular condition of the system, which seemed like a struggle between the remedy and the disease for mastery over the nervous system; there was great oppression of breathing, restlessness, and nervous depression; trembling and chattering of the teeth, unaccompanied by any sensation of coldness, and suppressed and struggling pulse. In both of these cases—the one a healthy lady with one previous chill, the other a soldier after one paroxysm of simple remittent—the remedy apparently gained the victory after the lapse of half an hour, and no fever followed; from which circumstance I infer that the symptoms enumerated did not constitute a chill. A repetition of the dose was not required in either case, and they both convalesced without a bad symptom.

I have seen one case of *partial loss of hearing* which followed the use of *two grain* doses of quinine for a period of two weeks; one case of tinnitus aurium, of eleven months' standing, now under treatment, and apparently incurable, attributed to the same cause; and I have also under treatment a case of amblyopia, of three weeks' duration, and quite intractable, which followed the use of *four grain doses* every four hours for a week, for malignant intermittent fever, before my arrival at this post.

I have never yet witnessed any of these results from the use of large doses, and, in fact, with the exception of the temporary aggravation of a chronic dysentery, I have never seen any bad effects from them. In dysenteric cases, I attribute the aggravation of the symptoms more to the sulphuric acid of the solution than to the sulphate of quinine; and accordingly use the medicine, when required in such cases, in the form of pills, combined with sulphate of morphine.

With regard to the *modus operandi* of quinine, I believe that in fractional doses (from gr. ss. to gr. xv.), it acts upon the nervous system as a *direct and peculiar stimulant*, with an ultimate paroxysmal effect. In full doses (gr. xv. and upwards), its action varies with the condition of the system; in the dynamic stage of miasmatic fevers my impression is that its immediate action is that of a *sedative;* in the adynamic stage of fevers—or in other words, after the resistance of vitality has been overcome by the cause of the disease, either entirely and permanently, as in congestive fever, or temporarily, as in remittents or intermittents—the action of the remedy in large doses, when it produces any effect, is, uniformly and certainly, to restore a healthy tone to the nervous system, and to *stimulate specifically the powers of life* in the most decided manner. Its effects upon the circulation I believe to be altogether *indirect*—one of the consequences of its *equalizing* influence on the human system,—and this rationale explains in some degree its varying action in different states of the system.

It is possible that the sulphate of quinine may exercise an influence over the circulation, directly, by some peculiar action on the *spleen*—admitting that this organ acts the part of a "governor" to the circulation, or a *diverticulum* by which the distribution of the blood is regulated. This would afford some idea of its mode of action in reducing an enlarged spleen to its natural size.

The action of the sulphate of quinine, and still more of the super-sulphate, seems to be uniformly slightly irritating to the mucous lining of the intestines—more particularly of the colon and rectum. Beyond this I have no evidence of its unfavorable influence, as has been asserted, upon

diseases of the bowels. On the contrary it has so happened that since the frequent use of large doses of the medicine, I have encountered fewer and less severe cases of dysentery than formerly.

With regard to the *climate of Florida*, a subject upon which there has been recently much debate, it is my opinion that, by comparison with other sections of our country, it may be considered as ordinarily healthful. Its acute diseases are remarkably uniform in their character, and, as for a large proportion of them, there is fortunately a remedy—one of the most certain in its action that the materia medica can afford. Its long continued heat, the greater comparative coolness of the nights, and the constant humidity of the atmosphere, have a tendency to produce miasmatic fever, diseases of the liver and digestive organs, and to dispose the skin to ulcerations. I have observed also among the older residents an unusual tendency to diseases depending upon the deposit of accidental tissues, especially of a malignant character, such as carcinomatous ulcers and tumors, and fungus hæmatodes,—always, however, excepting scrofula. In this city hydrocele is of remarkably common occurrence—a large proportion of the natives, and old inhabitants, to my knowledge being affected with it. Whether this is the result of local causes, or produced solely by the climate, I am not prepared to say.

The relation between local causes of disease, and epidemic and endemic influences, is as mysterious here as elsewhere.

I have never seen a case of disease of the liver or spleen, which could—on the most remote evidence—be attributed to the use of quinine, either in large or small doses.

Of the qualities of the sulphate of quinine as a *pure tonic in small doses* I have received an unfavorable impression, in the debility following diseases of this climate. Used in this manner I believe that it acts only as a direct and peculiar permanent stimulant, and that it has a greater tendency to induce general irritability of the system than other and more simple vegetable tonics, with a decidedly unpleasant effect in many instances upon the mucous membrane of the intestines, and the brain.

I have never recognized its action upon the liver.

After stopping an intermittent fever by a full dose of quinine, unless the system requires decided support, I am not in the habit generally of administering tonics; and I have never witnessed more satisfactory cases of prompt and uninterrupted convalescence than while pursuing this plan of practice. In cases which required a supporting treatment, the indigenous tonics of the country—the prunus Virginiana and cornus Florida—have proved to be valuable medicines.

According to my observations the unpleasant effects of quinine, in producing ringing in the ears, &c., &c., are more constant and severe in proportion to the smallness of the dose employed. I have seen many patients excessively annoyed by doses of two grains, frequently repeated, who have afterwards, under similar circumstances, taken twenty grains with comparative impunity. The medicine, in solution, has also a greater tendency to produce these symptoms than in pilular form; still the solution is more immediate and efficient in its action.

I cannot leave this subject without remarking the striking rarity of organic disease as the result of fevers, &c., in this section of country, in comparison with others, where the same class of diseases prevails.

Dropsies and chronic affections of the liver and spleen are exceedingly

rare, taking into consideration the very general prevalence of miasmatic fevers, and acute diseases of the climate.

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I have the honor to remain, &c.,
WM. H. VAN BUREN, M.D.,
Asst. Surgeon, U.S.A.

St. Francis Barracks, St. Augustine, E. Fla.,
September 10th, 1842.

ART. X.—*Free Martins.* By G. C. MONELL, M.D., Newburgh, Orange County.

[The substance of the following article appeared originally in the first number of that excellent periodical, "*The American Quarterly Journal of Agriculture and Science*," conducted by Drs. E. Emmons, and A. J. Prime, and published at Albany. It has, however, been mostly re-written, at our request, and some additions made, and will commend itself to our readers, as replete with physiological interest.]

WHEN a cow produces two calves, one of them a bull calf, and the other a cow calf, the cow calf is known by the curious name of *Free Martin.* The male becomes in due time a perfect and useful bull, but the female is supposed to be incapable of propagating. This belief is prevalent, not only in this country but elsewhere. An opinion so wide spread and so fully believed, not only by the ignorant and vulgar, but experienced and intelligent cattle breeders, would seem to be worthy of some degree of credit. It certainly merits investigation.

The first point of inquiry, is to determine whether it is an *invariable* rule that free martins will not propagate. In order to ascertain how far this opinion, so generally received, might be correct, I made careful inquiries among many who were engaged in rearing cattle, and also examined such journals and books as would be likely to furnish information on the subject.

It soon appeared beyond a reasonable doubt, that free martins *were not necessarily barren;* yet as a general rule, subject to a few exceptions, they will not breed.

A gentleman residing in Buffalo, and well known to many agriculturists throughout the state, informed me that he reared a free martin on his own farm, and that she afterwards calved. This animal is still living, and is on the farm of L. F. Allen, Black Rock. An English gentleman informed me of another instance in England, which occurred under his own observation. The heifer died of disease, and on examination after death was found to be pregnant.

Two cases of free martins propagating are recorded, and a third related on hearsay evidence in the American Agriculturist, Vol. III., No. 3, March, 1844, by Joseph Cope, of Pennsylvania. An anonymous writer in the Farmers' Magazine, for November, 1806, describes a free martin, belonging to Mr. Buchan of Killingtringham, which had a calf, and proved to be a good milker. Another writer in the same Magazine for November, 1807, raised a free martin, which bore when two years old a fine male calf.

These are the only free martins I can ascertain on sufficient evidence to have propagated, while there is abundant evidence, equally good, of a very considerable number which had been faithfully tried and proved barren.

It would hence appear, that the rule is, singular as it may seem, that the female twin is unfruitful, yet in a few rare instances she is capable of breeding.

It becomes then an inquiry both of physiological curiosity and practical value, to ascertain upon what the barrenness depends, and whether the fruitfulness or un-fruitfulness of the calf may be known in early life.

It is established with tolerable certainty that the free martin, when incapable of propagating, is anatomically deficient, or deformed in some of the organs of generation. Some of these defects, or deformities, very plainly, and with a great degree of uniformity, modify her external form and appearance; occasionally, however, the external form resembles other cows. The former (and it would seem the majority are of this description) are, so far as I know, *Hermaphrodites;* they are coarse and masculine in structure, and in the head and horns especially bear a very marked resemblance to the ox; the teats are smaller than is usual in the heifer; the *external* appearance of the vagina is the same as in heifers before bearing; they manifest no sexual desires.

Some of these distinctions are not developed, of course, until the heifer has arrived at the age of bearing; the appearance of the head and horns, however, is developed in very early life.

The *internal* structure of the free martin is marked by still greater differences, and these observe but little uniformity.

The first, and so far as I know, the only scientific investigation, of this subject, was made by the distinguished and accurate anatomist, John Hunter.* He examined three of these free martins, and found in them

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* Since the above was written, Professor Emmons of Albany has communicated the results of a dissection made by him. The following is his account as recorded in the American Quarterly Journal of Agriculture and Science, vol. ii., p. 306.

Dissection.—The parts disclosed on dissection, were about one-fourth the ordinary size of those in the well-formed female. The ovaries were white and fatty: an incision exhibited imperfectly their glandular structure. Two small round bodies, similar to graafian vesicles, were seen in the body of the right ovary. We do not say that these were perfect graafian vesicles, but only that there were two round reddish bodies of the size of a small pea, and readily distinguishable from the enveloping tissue. In one side of the animal, the ovary was kidney-shaped, and an inch and a half in length; in the other side, there were two ovary-like bodies of about the same size and form. The fallopian tubes were obscure, and appeared more like ligamentous bodies than usual. The uterus did not appear to be one continuous body. At the point which answers to the fundus, or at the insertion of the horns of the uterus, were two oval or rather cylindrical bodies an inch and a half in length, which came in contact at the bifurcation: these were partially interrupted as they passed down to form the body of the uterus, but assumed their size and cylindrical shape again after about an inch, and passed down parallel with each other, thus forming the body of the organ. A septum passed across their termination, and formed what appeared to be two orifices into the uterus; but this septum finally terminated in the upper part of the vagina, and in fact only a minute orifice existed at what is termed the os uteri, an orifice which scarcely admitted a crowquill. An inch and a half below the os uteri, a thin fibrous membrane extended across the vagina, forming a complete *cul de sac;* the superior cavity diminishing from a diameter just admitting the finger, until it terminated in a point at the os uteri; while the lower division of the canal admitted the introduction of two fingers with ease,

all a greater or less deviation from the normal structure of the female. The subjoined is a description of one of them.*

"Mr. Arbuthnot's free martin, seven years old. The external parts were rather smaller than in the cow. The vagina passed on as in the cow, to the opening of the urethra, and then it began to contract into a small canal which passed on to the division of the uterus into two horns, each horn passed along the edge of the broad ligament, laterally toward the *ovaria*.

"At the termination of these horns were placed both the *ovaria* and the *testicles*. Both were nearly of the same size, which was about as large as a small nutmeg. To the ovaria I could not find any fallopian tube.

"To the testicles were *vasa deferentia*, but they were imperfect. The left one did not come near the testicle; the right one only came close to it, but did not terminate in the body called the *epididymis*. They were both pervious and opened into the vagina near the opening of the urethra.

"On the posterior surface of the bladder, or between the uterus and the bladder, near the two bags called *vesiculæ seminales* in the male, but each smaller than they are in the bull, the ducts opened along with the vasa deferentia. This animal then had a mixture of all the parts, but all of them were imperfect."

Mr. Hunter also states that in external form they bore a marked resemblance to the ox. Mr. Hunter was also of the opinion that free martins never exhibit sexual propensities; Mr. Allnutt makes the same statement.† This however is not the case, for it is now well established that they sometimes manifest the usual passions. Free martins are not always like those examined by Mr. Hunter; they are not necessarily hermaphrodites. About a year since, I examined a free martin of this description, reared by Frederick J. Betts, Esq., of this place (Newburgh). She was about three years old, and in external form and appearance presented nothing different from other cows. She manifested the sexual propensities, even to a greater degree than usual; indeed she was almost constantly in season; yet she never became pregnant, although faithfully tried.

In the structure of the internal organs of generation, there was no mixture of male parts, but a very marked departure from the natural structure of the female.

The *vagina* externally presented the usual appearance of a heifer which had never borne a calf. It passed on, as in the heifer examined by Mr. Hunter, to the opening of the urethra, when it began to contract into a small canal, which passed on for six inches, where it terminated in a closed sac, one inch from the mouth of the uterus.

The *uterus* was perfect in its structure, but exceedingly small.

The *ovaries* were small, corresponding in size to the womb; their texture presented no marked difference from the ovaries of other virgin cows.

The *fallopian tubes*, were also perfect, but likewise small. The womb and appendages, in fact, very nearly resembled the same parts in a calf

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as far as the membranous partition. Near the termination of the vagina externally, there was a large mass of fatty cellular membrane, in which were enveloped four oval bodies of a glandular structure, which might possibly be called testicles: these were each supplied with a short straight tube, about three-fourths of an inch in length, and one-fourth of an inch in diameter, which opened directly into the vagina. No such bodies are found in the cow in the normal state, and here we consider them analogous to testicles in the male, but undeveloped: this opinion rests on their glandular structure. From this dissection, the relation of the animal to its sex will be understood without comment.—(*For Woodcut see p.* 88.)

* Philosophical Transactions, vol. lxix., p. 289.

† London Medical Gazette, July 2d, 1836.

of a few weeks old. The following estimate of the size and weight of the vagina, uterus, &c., of a cow, a calf, and the free martin referred to above, will exhibit the extent of the deficiency in size, &c.

Cow, after two years old.—Length of vagina, fourteen to twenty inches; circumference about eight inches. Length of uterus twelve inches; circumference one and a half inch. Weight of the whole, from one to two pounds.

Calf four weeks old.—Length of the vagina six inches, circumference two and one-eighth inches. Length of uterus two and a half inches, circumference five-eighths of an inch. Weight of the whole, one ounce.

Free Martin.—Length of the vagina eight inches, circumference near the mouth, two inches, circumference at the middle, five-eighths of an inch. Length of the womb, two and three-quarter inches, circumference three-fourths of an inch. Weight of the whole, one and three-quarter ounces.

In taking the length of the womb, I measured from the os uteri to the extremity of one of the horns.

I recently examined another free martin; it was however but four weeks old, and it was difficult to determine some points with the same exactness as in the first instance. The *uterus* was nearly if not quite natural, the *ovaries* were also perfect, and each ovary had, as accurately as could be determined in so small a specimen, a *perfect* fallopian tube. The *testicles*, as in Mr. Hunter's case, were situated near the extremity of the horns, a little below the ovaries; the *vasa deferentia* were perfect, opening into the vagina. The *vagina* tapered from the urethra, down to a very small capacity, but continued pervious through its whole extent.

From these dissections it would appear that there are considerable differences in the internal structure of the organs of generation in these singular animals. Generally, they are hermaphrodites; *rarely* they are distinctly female, but deficient in some organization necessary to reproduction; still more rarely they may be females perfect in all their parts.

The first variety, the hermaphrodites, are more or less masculine in appearance, and manifest no desire for the male; they will work like the ox, as I have known in this county. This variety, so far as I can learn, *never breed.* It is worthy of notice that the Romans called their barren cows *tauræ*, as if they had something of the bull about them; but it is not stated that these tauræ were free martins, and it might not be exactly correct to say they were, although the supposition is not improbable. Columella* speaks of "*tauræ* which occupy the place of fertile cows, and should be sent away." Varro† also calls the barren cow *taura.*

The second variety of free martins resembles, as far as I can learn, other cows externally, being feminine in appearance and exhibiting the usual sexual propensities. Those belonging to this class do *not breed*, but I know of no external mark by which these may be distinguished from the third variety or the fruitful. In all which have yet been examined, however, it will be observed that there was some deficiency in the size of the vagina, which perhaps might be considered an external mark, as it could be determined before death.

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* Lib. vi., cap. 22. † De Re Rustica, Lib. ii., cap. 5.

A free martin calf then, which resembles a male in external appearance, and especially about the head, may safely be condemned as unfruitful; and even if she is not masculine in appearance, she may still, in nine cases out of ten, be condemned as equally useless for breeding.

If these conclusions are correct, they afford a most singular anomaly to the usual order of generation. Why twin heifers or twin bulls should be fruitful, and a free martin barren, is utterly inexplicable upon any known or supposable principle of physiology. Yet, strange as it may appear, observation would seem to establish the fact as a general rule, and we are obliged to admit it, notwithstanding our unbelief and its apparent inconsistency. The subject is well worthy of further investigation, and farmers having free martins born on their farms would confer an especial favor upon many others, if they would have them carefully examined, after death, by some person acquainted with the natural structure of the organs of generation. It is not necessary to keep the animal until grown, if this is not convenient, as the organization of the parts can be sufficiently seen in the youngest calf.

There have been instances of the cow producing three and even four calves at one birth; but there is, I believe, no mention in these cases of the procreative power of the female. I examined one cow whose womb contained *four* calves; all of them were females, finely formed, well developed, and bearing a close resemblance to each other. In each of these calves the organs of generation were perfect; and had the calves been born and reared, there was no anatomical reason why they should not all have proved good breeders.

I also met with two heifers which were barren. In one there was a fibrous plug, closing the mouth of the womb, and which, according to the prevalent opinion of generation, would necessarily prevent impregnation.

In the other, the womb had two mouths, instead of one. Yet this does not necessarily cause unfruitfulness, for I subsequently dissected a cow whose womb contained a calf, and yet had two mouths.

It has been a question, whether human females born twin with males are also barren. Sir Everard Home* seems to infer they are, but more recent investigations have established beyond a doubt that the human female is not affected in her organs of generation, by being born twin with a male; such are, accordingly, as fruitful when married, as women who are not twins.

Mr. Cribb† mentions seven women born co-twin with males, and of these six had a family, and one had not. Dr. J. Y. Simpson traced the history of 113 females of this description; 103 of these had a family: of the male co-twins in the same cases (the 103), fifty-three became fathers, thirty-two remained unmarried, and two married but had no children. Dr. Simpson also traced the history of four married triplets and in each of these the female had a family. There is also a case recorded‡ of quadruplets—three males and one female; the female became the mother of *triplets*.

This defect then in the organs of generation would seem to be peculiar to the cow; I cannot ascertain that the female twin of other animals is barren; the sheep and other *domestic* animals are certainly fer-

* Philosophical Transactions for 1799, and Lect. on Comp, Anat., London, 1823
† London Medical Repository, 1823. ‡ Ibid., 1827.

tile. The free martin cow stands alone, as it were, and it is to be hoped some more fortunate or accurate observer may determine some uniform rule, if not the reason, for so singular an exception to the laws of nature.

Fig. 1 represents the connections of the organs; the ovaries, fallopian tubes, vagina, much smaller than usual.

Fig. 2 represents the glandular bodies, with ducts opening into the vagina.

EXPLANATION OF THE PLATE.—(*See Frontispiece.*)

Fig. 1 represents the natural appearance of the vagina, womb, and ovaries, as they appear externally, when removed from the body.

a. is the external view of the vagina.

b. represents the situation of the mouth of the womb, which is fully exposed in fig. 2.

cc. are the ovaries.

ee. are the horns of the womb.

Fig. 2 represents the same parts, with *a.* the vagina, slit open to show *b.* the mouth of the womb.

cc. the ovaries.

d. the urethra opening into the vagina.

ee. the horns of the womb.

Fig. 3 represents the same organs, as found in the Free Martin belonging to Mr. Betts; the vagina being laid open to show its extent and termination, an inch beyond. The mouth the womb is represented by the dotted lines *b.*

PART SECOND.

Critical Analysis.

ART. XI.—1. *A Practical Treatise on the Diseases of the Skin, &c.* By S. PLUMBE. Philadelphia: 1838. pp. 400.

2. *A Practical and Theoretical Treatise on the Diagnosis, Pathology and Treatment of the Diseases of the Skin, &c.* By ERASMUS WILSON. Philadelphia: 1843. pp. 364.

3. *A Synopsis of the Symptoms, Diagnosis and Treatment of the more common and important of the Diseases of the Skin, with sixty colored figures.* By N. WORCESTER, M.D., Professor, &c. Philadelphia: 1845. pp. 292.

4. *A Manual of the Diseases of the Skin.* From the French of Messrs. CAZENAVE and SCHEDEL; with Notes and Additions by THOMAS H. BURGESS, M.D; revised and corrected, with additional Notes, by H. D. BULKLEY, M.D., Lecturer on Diseases of the Skin, &c., &c. New York: J. & H. G. Langley. 1846. pp. 340.

AMONG the many volumes on all the branches of medical science which are constantly issuing from the press, Dermatology has not been forgotten, and the last few years have furnished several valuable contributions to its study. The four volumes, whose titles we have placed at the head of this article, are candidates for the favor of the student in this country, and all are good, though in different ways and degree; and we learn that the great work of Rayer, the standard authority on the diseases of the cutaneous system, is about to be published, in an English dress, by the indefatigable Lea & Co., of Philadelphia. There will then be no lack of treatises, both concise and diffuse, from which the history of this interesting class of maladies may be thoroughly and scientifically acquired, and less excuse will exist than formerly did for the very general ignorance which prevails respecting them. The term which is devoted to medical lectures in our colleges, and the vast extent of subjects which it is of paramount necessity therein to discuss, will serve as a sufficient, if not a satisfactory, excuse for the truth of the statement made by Dr. Worcester; and which, so far as we know, applies to the medical colleges of this city* and Philadelphia, that "cutaneous diseases can scarcely be said to form a part of the professional education of students, in the annual courses of medical lectures in this country. It is believed that, in many of our medical institutions, not a single lecture is given upon the nature, classification and treatment of this interesting class of diseases." So

* The Spring course of lectures, at the College of Physicians and Surgeons, has happily, for some years past, supplied this deficiency.

much the greater need, then, did there exist for the appearance of the volumes which it gives us pleasure to chronicle.

Of these, the first two are the most elaborate; the third is, as its name imports, a mere synopsis; and the fourth is a concise and portable manual, which, without pretension to bibliographical research, or ingenuity of theory, is, perhaps, in accuracy and utility, not inferior to the rest. Excluding from his treatise the consideration of small-pox, measles and scarlatina, as being symptoms merely of a constitutional disease; erysipelas, burns, and the effects of frost, and the malignant pustule of the plague, the treatise of Plumbe, upon most of the subjects which it embraces, is extended. To acne, he devotes, of a large octavo of 400 pages, thirteen pages; to lupus, seventeen; to porrigo, twenty; and so on; but in most of the articles, or more properly chapters, which are devoted to diseases of more than ordinary interest, he has eked out his own somewhat scanty text with quotations in the form of notes, of immense length, extending, in many instances, over several pages, sometimes copied from Willan, oftener from Rayer, and often so interpolated with the work, as to render the source from which they are derived obscure. To us, this doubling of authorship, and printing of another man's book *pari passu* with one's own, appears a most objectionable practice. Eighty pages at least of the book are occupied in this way, and the note on eczema, which is translated from Rayer, occupies no less *than fifteen pages of sixty lines each!*—of his own, he gives six! Divested of this bulk of borrowed material, Mr. Plumbe's portion of the work sinks into a very small compass indeed. Mr. Plumbe rejects the Willanean classification; but he retains the nomenclature for the most part. His own he founds "on due consideration of the anatomy and physiological functions of the skin, and the influence of certain conditions of the constitution, in giving origin to them" (p. 40). Thus, we have "Section 1, on diseases which obtain their distinguishing characteristics from, or originate in, local peculiarities of the skin." It would be very difficult, by this classification, to diagnosticate acne from sycosis, lupus, and porrigo, which are included in the section, as compared with the facility given to the discrimination of the dermatoses, by the admirable, but to Mr. P., objectionable and fundamentally defective classification of Willan. Mr. P. is a clever but conceited man; he fancies that his system "simplifies" the study of the subject, and is very sensitive to criticism upon any of his dogmata, which, on this and many other points, are numerous. We do not like his book generally, its style is offensive; but we acknowledge with pleasure that in description it is accurate and sufficient; that it is based upon a "due consideration of the anatomy and physiology of the tissue;" that it displays learning and research; and that, to the treatment of cutaneous affections, it is a more than commonly useful guide. This is a part of his subject, to which Mr. P. has paid especial attention, and making due allowance for his hobby, as to their constitutional causes, which he rides well, and we will not say whether too fast or too far,* we do not hesitate to say, that the manner in which he has treated it, renders his book particularly valuable to the practitioner. We conscientiously believe that were the views of Plumbe to be gene-

* As a specimen of his theory, take the following passage; he is speaking of Porrigo:—"The cutaneous disease is one of the Protean results which follow various deviations from health, in the actions of internal organs."—(p. 105.)

rally acted upon, the intractability of cutaneous diseases to remedies would be materially abated.

The Treatise by Wilson, heralded by his lectures published in the "Lancet," was looked for with anxiety. As the work of one who had made the diseases of the skin a peculiar study, and who purposed to devote to its mature study the residue of his life; as containing a new classification resting upon anatomy and physiology, which was to simplify their diagnosis and treatment; expectation was naturally much excited, nor can we say that the appearance of the work has disappointed it.

Without any great pretensions to learning, or to be a work of reference, it is evidently the work of one who is familiar with the literature of his subject. It is extremely minute, accurate and comprehensive, though concise; the treatment, though succinctly, is amply indicated; and the work will fairly contest with that of Rayer, the merit of being the best on the subject which we possess. For its learning and extent, however, the latter will probably long remain without a rival. Preserving, very properly, with very few exceptions, the nomenclature of Willan, Dr. W. divides the subject,—first, into the diseases of the dermis; second, into those of the sudoriparous glands; third, into those of the sebaceous glands; and fourth, into those of the hair and follicles. Those of the dermis, resulting from inflammation, he subdivides into congestive (specific and nonspecific), effusive (asthenic and sthenic), suppurative, depositive, squamous, and from parasitic animals. Other subdivisions of dermoid diseases are those which depend upon hypertrophy of the papillæ, disorders of the vascular tissues, disordered sensibility, and disordered chromatogenous function. This last is subdivided into alterations, augmentations and diminutions of pigment, and disorder of chemical coloration.

The diseases of the sudoriparous glands are those of augmented, diminished and altered secretion; those of the sebaceous glands are similarly divided, and a class is also made dependent on retention of secretion, the duct being either closed or open, and a class depending on their being in a state of inflammation. Diseases of the hair-follicles, are those of augmented formation, diminished formation, alteration of color, diseases of the hair-pulps and follicles, and abnormal direction. That this classification is really based upon the anatomical and physiological facts which are now generally admitted respecting the tissues involved in diseases, and as such leads to a more accurate knowledge of their pathological states than can be attained from an arrangement derived solely from a consideration of external appearances, must be allowed. But the great and incontestable advantage thus gained in a scientific, is lost in a practical point of view, as no guide is given to the genus of any particular affection, such as is afforded by the classification of Willan, the nomenclature established by whom, Dr. Wilson has wisely retained. That the system of Wilson, meritorious as it really is, is faultless, even he does not venture to assert, and the fact that the difficulty of attaining to perfection in this department of cutaneous pathology is almost, if not quite, insuperable, is abundantly proved by the objections to which it is liable. With all its faults, the Willanean system will continue, we suspect, to maintain its favor in the minds of all who seek for facility and accuracy of diagnosis; and this once attained, the pathological nature of the disease may be assigned at leisure, and according to the judgment of

each. If it is perfectly true that rubeola, scarlatina, variola, varicella, and vaccinia, are congestive and specific inflammations of the dermis, no guide is further furnished, to the particular pathology of each, to the particular parts involved in the inflammation, nor to the cause of their characteristic differences, as belonging to the same natural order; while to say, according to Willan, that variola and vaccinia are pustules, while varicella is vesicular, and rubeola and scarlatina, exanthemata, though it does not affirm, neither does it deny, their title to be considered as congestive and specific inflammations of component parts of the dermis. We looked, after writing this, to see in what part of the dermis was located the seat of variola, which could not, we supposed, be the same as that of the exanthemata proper, and find it stated that it is "an acute inflammation of the tegumentary investment *of the entire body*, both cutaneous and mucous;" a very inaccurate mode, certainly, of conveying the idea that no part of such tegumentary investment is necessarily exempt from being the seat of its development. The same definition is applied, with more propriety, but even then, not with rigorous adherence to logical accuracy, to the eruptions called measles and scarlatina. The propriety of considering sudamina, like eczema, as a sthenic effusive inflammation of the skin, may be doubted, as also the propriety of making a class of squamous inflammations. Surely, an inflammation leading to the formation of epithelic desquamation must involve in itself some of the characters to which the other classes may lay claim, or else the class should be separated from the inflammations of the "dermis" proper. The same objection in part applies to considering scabies as an inflammation arising from parasitic animalcules,—a definition which well assigns its causes, but leaves its nature unexplained; and the placing of nævus and *purpura* in the same category, as *disorders of the vascular tissues*, seems not wholly unexceptionable. Hyperæsthesia and pruritus are said to be diseases of disordered sensibility. Are they strictly dermoid *diseases?* Are pigmentary nævi solely augmentations of pigment? Is the oxide of silver stain a disease of the dermis? But, with these and other trifling blemishes, the classification proposed by Wilson is a sound and able one; a natural one, founded on anatomy and physiology, the surest basis, and leading to correct pathological views; but as leading to an easy and correct diagnosis, we maintain it to be inferior to its celebrated predecessor, the Willanean. To say the very least, Wilson's is an excellent book, and no medical library is complete without it. It contains, let us merely add, an excellent chapter on the anatomy and physiology of the skin, which is deficient in the three other volumes under review, but which seems to us indispensable to a just understanding of its pathology.

The synopsis of Dr. Worcester is a large and handsome octavo. The paper is good—the typography excellent, though it is liable perhaps, to the objection of offering a meander of type through a meadow of margin. It has the honor, we believe, of being the first original American contribution to Dermatology, and as such is entitled to credit and respect. It contains a very well written introduction of fourteen pages on the history, classification, diagnosis, prognosis, causes and treatment of cutaneous diseases, followed by a short sketch of all that it is most important to indicate in the history of each particular affection, the exanthemata being, for a sufficient reason, excluded. Dr. Worcester, we are glad to find, agrees fully with us in our estimate of the comparative merits of the Willanean

and Wilsonian, the "artificial and natural" systems, considered in reference to their practical utility. Dr. W. adopts the former, with this difference only: he groups the vesiculæ, bullæ and pustulæ under the head of *moist*, and the remaining five orders under that of the *dry* diseases; and we agree with Dr. W. both in the objections which are evident to this arrangement, and in his estimate of its utility in the diagnosis.

That a "concise and accurate treatise, in our language, upon cutaneous diseases, *illustrated by well-executed plates*," at a price within the means of all, has long been needed, is certainly true. The design, a highly creditable one, of Dr. W.'s synopsis was to supply this want. That he has given us "a correct description of the more common forms of these affections," with a method of treatment, &c., sufficient for ordinary purposes, in a very cheap and handsome form—no one acquainted with the book will attempt to deny. That his are the *best plates accessible for the price*, we also willingly concede. The trumpery pages with separated sections, each containing groups of forms of cutaneous diseases, affixed to Gregory's Practice and Plumbe's Treatise, are of little or no value. The latter, as a work of art, is not without merit, but it is too limited to be useful, and some of the figures are unintelligible even with the assistance of the description. The plates of Thompson and Willis, both very indifferent, can only be imported at a considerable expense. The ponderous folio of Alibert, with all its elaborate embellishments, its Madonna-like damsels, with flowing tresses and wreathed draperies, its sunburnt curly-haired shepherd swains and sturdy peasants, its chubby-cheeked, fat-limbed babes, and Belisarius-like old men, with wrinkled fronts and snowy hair, its fineness of execution and skilful coloring, is admirably calculated to excite surprise and admiration, not less at the work itself, than at the diseases which it depicts; but it cannot be considered as a faithful copy of the plates of the great book of Nature, which he professed to study, rather than those of the Greeks and Romans. The plates are not faithful representations of the cutanei, and the huge book itself is seen only in the libraries of a few of those who can afford to gratify a taste for the beauties of art and the curiosities of literature, at the sacrifice of truth and utility. The smaller and more recent work, in two volumes, illustrated by small lithographic plates, is not more deserving, and has never been translated. Of Rayer's numerous and admirable illustrations of the cutanei, the only ones which really approach nature in any useful degree, it is impossible to speak too highly; but even when the Philadelphia edition shall be accessible, its price will still render it to many, a sealed book. We come then to the work of Dr. Worcester, and while we recognize its comparative merit and usefulness, we regret that we can afford to it as a work of art, only a qualified praise.

The illustrations consist of sixty-two figures, of good size, drawn on stone, and colored, and exhibit most of the diseases of the dermoid tissue; they are for the most part copied from Rayer's Atlas, and any one acquainted with that work will immediately perceive the resemblance. They are of unequal merit. On the whole, the author has been rather unfortunate both in the artist and colorist. The lithography is coarse, and the drawing often bad. The plates of eczema on the first page are good; the herpes zoster and circinnatus are failures, and the scabies neither exhibits the characteristic acumination of the vesicles, nor the shape nor color of the pustules. The acne rosacea on the second page is a coarse

and exaggerated, but otherwise a faithful copy; the sycosis, though coarse, is very fair; the rupia good, and the scabies purulenta, though exaggerated in size and coloring, respectable. The pemphigoid bullæ lack transparency, and the acne (figs. 12, 13, 14,) is quite unintelligible. The next plate (favus and impetigo) is really a very good one, except that the impetigo figurata looks more like a slough of, than a scab upon the skin. The magnified acarus folliculorum is copied from Wilson. The ecthyma (except the brown scabs on fig. 28) is unfaithful. The vulgare resembles more psoriasis, and the small pustules of the cachecticum are not characteristic. The urticaria (31) is miserable. The roseola, urticaria (30), and the erythema annularis (except the drawing of fig. 30), are good illustrations of the affections they are meant to display. The next plate (lichen and prurigo) is also very good, except the psoriasis (one of the most difficult diseases, by the way, to delineate), which, the guttata particularly, could scarcely be recognized, but for the appended name. The sixth plate (psoriasis palmaris, lepra capitis, and vulgaris, lupus and molluscum) is a very good one. The copying is faithful, the drawing good, but the engraving coarse and black. The ichthyosis, vascular nævus and alopecia of the beard on the seventh plate, are good. The elephantiasis of the face is of less merit; the end of the nose and lips are curious specimens of red and blue fancy coloring; the spots of purpura urticans remind one of sugar plums in a confectioner's window, and are unmeaning; the little blackened head stained by nitrate of silver, is a good copy of the original, but we think misplaced in an elementary work on cutaneous *diseases*, and occupying space which might have been better filled. The last plate (the syphilides) is the best; it is neatly executed, the pustular particularly, and characteristic. The papular S., however, is too small and looks like pustules; the roseolar, indistinct.

We have thus carefully examined the work, and while we repeat our conviction that the book is a very useful one, and the plates the best that can be got for the price, and calculated to assist the student considerably in making a diagnosis, they are not *first rate;* and we cannot but regret, for the credit of American art, and on the ground that the great merit of the work was intended to consist in the good execution of the plates, that a little more care had not been employed in the selection of the artist, and a little more attention to minute accuracy in the copying displayed. That it supplies a much-felt deficiency we cheerfully acknowledge, and when in a second edition, which we trust it will reach, this hint shall have been attended to, it will be all that the author intended, and all that the student could desire. For the sake of the illustrations, we regret that the exanthemata were excluded from the volume; many very useful figures might be added, and the perfectly accurate and very beautiful plates now in course of publication by Ricord, will, when completed, afford many further valuable examples of the syphilides for a future edition.* We thank our author sincerely for the service he has rendered to Dermatology, and wish his volume all the success which his zeal and industry, and its own intrinsic merits deserve.

The work of Cazenave and Schedel, which we now come to notice, is a translation from the third French edition, by Dr. Burgess, of London, to

* Of these, as far as they go, Dr. W. has evidently made use. Cazenave too, we may add, en passant, has recently put forth a splendid work upon siphilides.

which many valuable notes have been added by Dr. Bulkley of this city. The book has been twice before presented to the American public, and ranks as an established favorite. It embodies the results of the long experience and accurate observations of the late celebrated Biett, of the Hosp. St. Louis, and combines according to the capable judgment of the annotator, faithful and graphic descriptions of the diseases, and sound principles for their treatment. This opinion from one who has long made the study of cutaneous diseases a speciality, well known among us to possess a knowledge of the subject vastly superior to that of any of his cotemporaries, coupled with the fact that it was selected by him for republication in preference to others, the newer work of Gibert *inter alias*, is a sufficient guarantee for its excellence. The diseases are arranged in a clear and methodical manner, the style is simple and concise, and so completely have the different subjects been treated of, that little in the way of addition remained to the translator, except that of an article on glanders and farcy omitted in the original, and the embodiment of a few practical facts worthy of notice, in the form of notes. These the editor of the present volume has increased by numerous additions, chiefly relating to the treatment of the cutanei, which in the original is, it must be confessed, noticed in rather a general and cursory manner. The latter also has corrected some errors, which had doubtless escaped Dr. Burgess's observation, and restored several passages of the original which he had thought proper to omit. Thus is formed a very neatly printed, portable and complete "Manual of the Diseases of the Skin," than which no other is probably more worthy of the notice of the student as a companion to some more elaborate treatise on the subject. We ought to add that to the work is appended a very valuable formulary of the principal remedies employed by M. Biett at the Hosp. St. Louis, to which the names of the diseases to which each is best adapted are attached. In the introduction, the authors state that they have adopted the excellent classification of Willan, with a few alterations of locality introduced by Biett: and they have added in accordance with his arrangement, seven additional orders, embracing some cutaneous diseases (lupus, pellagra, malum alepporum, syphilida, purpura, elephantiasis, cheloidea), which could not be comprised under the eight principal orders. "We often find," they say, "many different elementary lesions co-existing, especially in acute cases," and they remark that examples of true retrocession are very rare. The febrile disorder, on the occurrence of which the chronic affection of the skin disappears and is said in common parlance to have "struck in" upon some internal organ and caused febrile disturbance, has existed long before the disappearance of the cutaneous disorder, and the latter returns slowly, long after the complete restoration of the internal parts to a state of health.

They caution us too, against exaggerating the influence of the connection between the diseases of the skin and irritations of the gastro-intestinal mucous membrane. Diseases arising from this sympathy are "very rare;" in the majority of cases this membrane is perfectly healthy. This opinion, coming from French pathologists, indicates a return to a sounder and less exclusive etiology than has for some time past characterized their school. The authors most justly observe that "in diagnosis consists the entire study of the diseases of the skin." "*The chief point is to determine the elementary lesion.*" This done, we have merely to compare the disease with the few which possess the same elementary characters. It is in aiding

us to do this, that the classification of Willan offers such immeasurably superior advantages, as to lead us to the belief that no other can ever supersede it in the mind of the practical physician. We wish we had space to introduce the very just and useful observations of the authors on this important topic. Let us add that even when the diagnosis of the case is rendered obscure by the substitution of the secondary or consecutive lesions (incrustations, scabs and ulcerations), there will be found, in the great majority of cases, some remains of the elementary lesion perfectly unchanged in the neighborhood of the affected part. "We regard," says Messrs. C. & S., "as an unfounded prejudice, what certain authors say respecting the retrocession of itch, and the numberless ills which they pretend that the unseasonable cure of this disease inflicts upon mankind. Such reveries we leave to Hahnemann and his credulous followers." This is the language of common sense and honesty, which the latter, in their but too successful attempts to impose upon the ignorance and gullibility of mankind, appear to have wholly abandoned. Would that "mankind" could be made aware of the utter instability of the basis upon which this preposterous system rests; a system which has revived in a thousand thousand ways, the false facts which have ever been the opprobrium of medicine; which leads to a system of practice the most inefficient, dangerous and indefensible, either by proof or argument: not a principle in which is not false, nor a theory substantiable; the dogmata of which are equally in defiance of reason, evidence and medical science. But alas! in matters connected with medicine, the public has ever courted deception, and "qui vult decipi—decipiatur!"

The sketches of the prognosis and treatment of the cutanei, though brief, are excellent, but we have not room to transfer them, however imperfectly. Of arsenic they say, "we are prepared to assert, and there is experience to support us, that arsenic, when properly administered, is an *heroic* remedy in the treatment of cutaneous disease; and we furthermore can affirm, that we have seen patients, months and years after having undergone a course of this medicine, who never experienced the slightest inconvenience from it."

Dr. Bulkley has perfected the article on erythema, by two useful notes relating to the forms of this disease. Chronic erythema, he tells us, has two forms, the one produced by external irritation, the other connected with internal causes, and generally symptomatic of some derangement of the digestive organs. On the subject of this sympathy, Dr. B. rather differs from his authors, who, as before shown, estimate it rather lightly relatively to the etiology of the cutanei. Dr. Bulkley, on the other hand, attaches to it much importance, and attends much to the treatment of the digestive organs in his patients, as may be seen by reference to the notes upon pp. 24, 40, 84, 100, 117, 146, 157, 169, 181, 201, 5, 11, 28, 31, and 320 of the volume. The state of the catamenial secretion in females he also considers as deserving of strict attention; and like Plumbe, he evidently considers the general quite as necessary as the local treatment of skin diseases. We doubt not that the combination of the two is the safer course. Erythema nasi, a common and most troublesome affection, is, he tells us, often called *erysipelas* of the nose. This term is in common parlance constantly employed to designate various eruptions characterized by diffused redness, and we regret to say that many ill-informed physicians countenance the error. In the treatment of the chafing of children, &c. (E. *Intertrigo*), he mentions the recommendation by

Dr. A. T. Thomson, when the discharge is fætid, of the chlor. soda. solution (La Barraque's), ʒij. to ℥j. to ℥v. of water, or a weak creosote ointment. For this remedy Dr. B. has an evident predilection, for we find it advised in several other parts of the book. Ranking says that he has found equal parts of finely powdered magnesia, or flour, and the nitrate of bismuth, invaluable in the intertrigo of children, *the sore nipples of nurses*, and superficial burns. The curious variety of erythema called *acrodynia*, which occurred epidemically in Paris in 1828–9, is briefly but accurately described by the authors. In notes on erysipelas (pp. 36 and 38), Dr. B. draws attention to the fact that Velpeau considers the *festooned* edge as its pathognomonic sign, and to his use of the sulph. ferri sol. or ointment, as a topical remedy. On the subject of scarlatina (Note on p. 53) Dr. B. records the expressed opinion of Dr. G. Bird, that he had never known dropsy follow in those cases in which *warm baths were employed as soon as desquamation commenced.* Upon the subject of the treatment of eczema, one of the most frequent and troublesome (both to patient and physician) of the cutanei met with in practice, Dr. B. has given us several useful notes. He commends the continued use of the liq. potass (gts. x. to ʒ ss.) in some preparation of the rumex acutus, sarsa, or taraxacum, or a combination of these: a resort to sulphur springs (Virginia, Avon, Sharon, Richfield), Donovan's liq., oiled silk, in this and other chronic affections of the skin, and solutions of alum (ʒ s. ʒ ij. to oj. water). He remarks that eczema of the scalp in children is often a very troublesome and obstinate affection, not unfrequently continuing during the whole period of first dentition (Note on p. 84), to which we would add, and breaking out afresh repeatedly in all its intensity, when apparently cured, without any appreciable cause. Attention to the diet of the child and nurse, the tepid bath, emollient applications, washing with warm water, or a decoct. of wheat bran, attention to the stomach, bowels, and gums, and the cautious use of weak ointments of ox. zinc, citrine ointment, *creosote* ointment, to parts only of the head at a time, weak lotions of carb. potass.: in some cases of eczema of the scalp and ears in scrofulous children, tonics are very useful, where the mucous membrane of the stomach and bowels will bear them. Dr. B. has seen the most decided benefit from the iod. ferri.

In a note on scabies we are furnished with the following recipe used at the St. Louis, by Emery. ℞ brown soap ℥j., table salt ℥ss., alcohol ʒj., vinegar ʒij., chlor. lime ʒss., M. It is said to cause no irritation, not to soil the clothes, to leave no unpleasant smell, to be cheap, and to cure quickly. On the subject of vaccination, Dr. B. gives us in a note some of the most important of the conclusions embodied in the report of the committee on vaccination of the French Acad. des Sciences, made Feb. 25th, 1845. One of these is that, in ordinary periods, re-vaccination should be practised after fourteen years; but sooner during an epidemic. Dr. B. refers, for much interesting information, to the valuable essay by the late lamented Dr. Forry (v. N. Y. Jour. of Med. and Col. Sci., Sept., 1844, which is the publication of his Boylston Prize Essay); and we would add that the work of Wilson is particularly copious and instructive on this subject. According to the latter, to be perfect, the lymph, among other conditions, must be procured from a vesicle which has passed regularly through its course, and be taken between the fifth and eighth days. He thinks also (apparently) that more than one incision should be made, and one vesicle at least, in the person

from whom the lymph is procured, should have been permitted to remain unbroken and uninjured, till the period of the natural fall of the scab. When the whole of these (his) conditions are complete, vaccination is perfect, and (then only) the person so vaccinated may be regarded as protected against small-pox. He advocates re-vaccination; and thinks that the undoubted occurrence of small-pox after vaccination, proves nothing unfavorable to the claims of vaccination. On the subject of vaccinia, variolo-vaccinia, re-vaccination, retro and variolo-vaccination, &c., Mr. W.'s treatise is full, explicit and instructive. We regret that in neither of these volumes, we can observe any observations respecting the subsequent bad effects of this simple and beautiful prophylactic practice (one of the greatest boons from the Creator to his creatures), so confidently believed by the people to depend upon the introduction of "bad matter," than which, a greater fallacy, we believe, has never occupied the public mind, and which it behooves the profession assiduously to eradicate, rather than to foster and propagate, as by the ignorant and prejudiced among it, is too often done. In acne rosacea, as well as in acne simplex, Dr. Bulkley has derived benefit from the use of sulphate of potass. given in pill, combined with quinine and ipecac, and sometimes with aloes and rhubarb and ipecac, or in solution with rheum and ipecac, or fluid extracts of taraxacum, rumex acutus or sarsa. The alterative effects of mercury in this form of the disease sometimes produce a very favorable change, but this improvement is too often only temporary. The local applications are numerous; among them are solution of carbonate of soda in an emollient decoction, iodide of sulphur and *creosote*. Cazenave & Schedel retain, Wilson rejects the term porrigo, owing to the confusion which exists in relation to the precise disease intended to be described by this appellation; of the six varieties made by Willan & Bateman, two only are in reality entitled to the name. *Their* porrigo favosa is a variety of impetigo. The porrigo favosa of C. & S., the *lupinosa* of W. and B., and the P. scutulata alone, are contagious and honey-combed. Dr. B. has added, as usual, a practical and very valuable note on the treatment of the former, and has derived, he tells us, most benefit from ointments of *creosote* and iodide of sulphur, thinking that alterative and mildly stimulant topical remedies are more effectual than powerfully irritating ones. Constitutional treatment, mercurial alteratives and laxatives, followed by tonics (of which the iod. of iron is an especial favorite with the author), &c., aid materially in effecting, as well as perpetuating, the cure. This article is followed by an article on glanders and farcy, by the translator, Dr. Burgess, which is creditable to his research and literary ability. It may be doubted from a perusal of the symptoms of this terrible malady in the human subject, how far it strictly merits a place among the diseases of the skin. A few hard round phlyzaceous pustules on different parts of the body in glanders, and small tumors, having a glossy red appearance, cracking and exuding a thin acrid fluid, in farcy glanders, are, among a host of other symptoms, all consequent upon the introduction within the economy of a morbid poison, the *cutaneous* phenomena of this so-called disease of the skin. *Creosote* is useful in this malady, as well as in others. Guided by his convictions of the connection between the disorders of nutrition and the cutanei, Dr. B. informs us, in a long and valuable note on page 205, that lichen in all its forms, is most frequently very evidently so associated; often depending on a less evident, but discoverable disorder of the *secondary* process of

digestion, instead of the primary. Alteratives, diet, hygiene, perhaps tonics, fulfil the indications; sometimes, when not contra-indicated, arsenic, sulphur, mercury, sarsa, taraxacum and the rumex. One of the local remedies we take pleasure in quoting, from repeated opportunities of testing its effects, and which we are glad to see that Dr. B. has brought into the notice it deserves. It is one suggested by our esteemed friend and quondam colleague, *Dr. James Crane, Jr.*, now of Brooklyn, L.I., and familiarly known at the Northern Dispensary of this city (in which he ministered for several years with credit to himself and benefit to his patients), as the *Ung'm Craneii.* It consists of nitr. bismuth ʒij., ung. hydr. nit. ʒj., lard, or stramonium ointment ʒss., and is singularly efficacious. The stramonium ointment alone, and ointments of sulphur and carb. potass, or of *creosote*, also relieve the distressing pruritus of the disease. Lichen agrius (chronic) wonderfully resembles eczema, and lichen simplex looks at times very like scabies; the diagnosis of lichen is often very difficult, and the *best* diagnosticians we have known puzzled and doubtful, if not deceived.

In prurigo, a most distressing malady, which really renders life in some cases a burden, Dr. B. thinks sulphuret. potass, *by far* the most beneficial, with rhubarb, aloes, ipecac, rumex, or sarsaparilla. Lepra is usefully treated by ointments of white precipitate, prot. ioduret, and deut. iod. of mercury, napthaline and *creosote*, and on page 223 is an excellent note on the liquor of Donovanne, a remedy with which in Lepra and psoriasis, Dr. B. has had reason to be pleased, and to which we shall have hereafter occasion to allude.

In some forms of the latter, liq. potass, or the bi-chloride of mercury (in *palmaris* particularly), are useful. Page 234 contains a useful note on pityriasis capitis, often a troublesome and obstinate affection, in which as (probably) in every other cutaneous affection, "the general health requires attention," and "the *creosote* ointment, in such cases, is often useful." In a note on page 236, Dr. B. tells us that ichthyosis is surely misnamed: "there is nothing scaly about it." We are surprised at this remark. "It is characterized," say the authors (C. & S.), "by the development of thick, hard, dry, imbricated (?) *scales*," &c. In an account of a case given, we are told that the patient's face became covered with "small dry greyish scales." "These *scales* were much thinner," &c.: "these *scales* fell off," &c., and again, "the skin is thick, furrowed and covered with *genuine scales*," &c. (p. 237). Is the description given by Messrs. C. & S. inaccurate, or is Dr. B. correct in his assertion? The disease, insomuch that the scales do not overlap like those of the fish (are not imbricated or super-imposed), *is* misnamed, the name, says Rayer, tending to consecrate an anatomical error. We observe that Plumbe agrees with Dr. Bulkley in thinking that it more resembles warts than scales; and says that many cases of ichthyosis of the leg were cured by the combined influence of pressure and the cold lotion. (Treat., p. 313, Am. ed.) Dr. Bulkley has contributed some excellent notes to the article on lupus, particularly as to the non-ulcerating form and the treatment of either. In the form of superficial lupus accompanied by ulceration, and so analogous to scrofula, iodide of potassium, or iron; in l. c. hypertrophia, Donovan's liq., cod liver oil, and liq. potass, the external use of iodur. plumbi, vapor douches, and leeches, are favorably mentioned; and the mode of applying the chlor. zinc paste is described on page 279. The chlor. antim. and hyd. prot. nitr. and *creo-*

sote, have all been used successfully. Excellent notes are appended to the account of the syphilides, particularly one on page 311, referring to the uses of the proto-ioduret, and deuto-ioduret, and bi-chloride of mercury, &c.; and to that of purpura on page 320, all practically useful in the highest degree. On page 323 is an allusion to the famous case of the Asiatic, operated on in London some years ago for an immense hypertrophy of the prepuce (scrotum?), weighing fifty-six pounds. The poor fellow bore the operation with firmness, but sank from the shock in a few hours. It is an error hardly worth noticing, but we are told that Sir A. Cooper was the operator on the occasion; whereas the person who really did perform the operation was Mr. C. A. Key. "A case of this disease (Elephantiasis of the leg)," says Dr. B., "came under my observation about one year ago, in which the local application of the vapor of sulphur and iodine, together with the administration internally of the iodide of iron, was attended with success."* An interesting case of cheloidea is mentioned on page 328.

We have thus hastily extracted from the notes with which Dr. B. has everywhere enriched the work, the publication of which he has superintended, a few items of value, sufficient to display the character of the whole, and to indicate the interest and importance of what remains. That such a work as that of Cazenave & Schedel so edited, must be a very useful one, is evident, but it is impossible not to regret that the extensive knowledge and great practical sagacity of the annotator should be confined to such narrow limits. If Dr. B. would collect from existing records, such an account of cutaneous diseases as he knows to be clear and accurate, and suited to the wants of the practical man, augmented by the results of his own experience, illustrated by selections from his own ample recorded observations, and combining with the therapeutics advised by others, that which his own practice has taught him to be useful and appropriate, and furnish us with his own rules for the management of this intractable class of diseases, he would produce a work which is still a desideratum in medicine, and which would be worthy of himself, his country, and the science which he has so successfully cultivated. It is, perhaps, not too much to say that such a work is expected from him. It would be no crude compilation, made by one who had not yet learned; but a digest of the result of long, ample, extended, and accurate observation, and of practical experience, in which full confidence might be placed, and which could not fail to be in the highest degree interesting and important. In the hope that by these remarks he may be stimulated to undertake the task, we venture to assure him, in advance, that his book will be received with the favor due to his distinguished position as a dermatologist, and want neither readers nor a publisher.

W. C. R.

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* It is curious that neither in Plumbe nor Wilson is there any notice of elephantiasis. R.

ART. XII.—1. *The Chronic Diseases; their Specific Nature and Homœopathic Treatment.* By SAMUEL HAHNEMANN. Translated and edited by CHARLES J. HEMPEL, M.D. With a Preface by CONSTANTINE HERING, M.D. New York: W. Radde. 3 vols., pp. 202, 323, 328.

2. *The Homœopathic Examiner.* By Drs. GRAY and HEMPEL. Vol. IV., Nos. 1, 2, 3 and 4, July, August, September, October, 1845. William Radde, New York.

THE works, whose titles we here give, have been placed in our hands for notice, but our limits will not allow us to go into such an analysis of their contents as we could desire, and as the nature of the subjects discussed would seem to demand. That the doctrines of Hahnemann have had a wide sweep, and excited a very important influence over the minds of a large and respectable class of society in the last few years, no one can deny; that they are not to be put down by ridicule we have always conceded; and that they have accomplished some good, in an indirect manner, we cheerfully grant;—still it is a notorious fact, that few, if any, men of eminence in the profession have given countenance to them, or ventured to soar into what *Stapf* calls "*the mysterious regions of the homeopathic method of cure.*" We hold that it is both difficult and useless to reason with the enthusiastic and credulous believers in any novel system, whether of medicine, politics, or religion (and the zeal of new converts is generally proportioned to the recentness of their conversion); that those, who are, for the most part, ignorant of the ordinary laws which regulate the course of diseases, should mistake the recuperative efforts of nature, or the influence of a regulated diet, for the effect of their remedies, is what might naturally be expected; but the man who will entirely overlook these influences, and attribute to the 2000th potence of a drug, or the 30th, such favorable changes as may occur during its administration, is better fitted for a lunatic hospital than the practice of the healing art. It is a remarkable fact, that, so far as we know, no homœopathic writer or practitioner gives Nature any credit for cures effected under this system. Hahnemann, throughout the Organon, disparages her efforts, and denies that she ever accomplishes a cure; while, in his chronic diseases, he states expressly, that "strict diet is not the curative agent in the treatment of chronic diseases, as is asserted by the opponents of homœopathy, with a view of lessening its merit; the cure depends chiefly on the *medical treatment.* This is proved by the fact that many chronic patients have followed for years the strictest diet without being able to obtain relief;—the disease increases, as is the case with all chronic diseases." (Chronic Diseases, vol. i., p. 137.) Of course, under all circumstances of homœopathic treatment, the infinitesimal must ever carry off all the honors. But how in case of failure? To what must that be ascribed? Chiefly, we are told, "*to former allopathic treatment.*" "A great chronic disease," says Hahnemann, "may be cured in the space of one or two years, provided it has not been mismanaged by allopathic treatment to the extent of having become incurable. *One or two years ought to be considered a short treatment!*" This was the grand *key-note* sounded by Hahnemann more than forty years ago, and it has done good service to his disciples from that day to this. Every unfledged stripling, who wished to set the public agape by mar-

vels he had done, or could do, or by those done by others of the homœopathic school, had but to arm himself with this grand shield, and enter the lists, with Jahr as his *vade mecum*, and if he did not accomplish what he had promised, why there was always ready that grand scape-goat, on which he could cast all his sins, former *allopathic treatment*. The mischief which has thus been done to our profession, by destroying the confidence once justly reposed in it by the public, and that, too, by men bound by the same code of honor, and of ethics (for, nominally, they are *of us*, if not *with us*), can neither be estimated nor repaired, at least in our generation. Can these men not see that this is a suicidal policy; that they are thus wielding a two-edged sword, which is as likely to wound them as us? We are told, on good authority, that "a house divided against itself, cannot stand;" neither can a profession. The warfare that has been waging by the two wings of the grand army has thrown the main body into confusion, and the public has sided with one or the other as humor, interest, chance, mental organization, or other circumstances dictated. We have no misgivings as to the final result; no exclusive system, or doctrine, in medicine can maintain its ground for any length of time; and we are even now informed, by the "Homœopathic Examiner," that "Homœopathy appears to be merging rapidly into blind, headlong alleopathy, and is destined, from present appearances, *to be a scourge, rather than a blessing, to the human family*." (Vol. iv., No. 3, p. 153.) This same writer also remarks, that "whether the doctrines of Hahnemann be true or false, it is certain that he scarcely has a devoted follower in the United States, or even in Europe, if we are to judge from the foreign medical journals." (Loc. cit.)

Those acquainted with the present views of homœopathists, are well aware that there are as wide differences of opinion among them, both in relation to theory, and the *modus operandi* of remedial agents, as there is among allopathic physicians, and quite as great differences in modes of practice. For example, *Dr. Gray*, one of the Editors of the "Examiner," and the oldest practitioner of homœopathy in the United States, and whose opportunities of experience no one will question, remarks that "homœopathy demands the application of larger means than homœopathists employ; *the art is not allowed to come up to the demands of the science*, for we confine ourselves not merely to what we call the pure *pathogenesis*, but to that side of it which comes from the very minute doses of drugs on trial with the healthy, when we should, as I believe, sometimes give doses which correspond to that side of the pathogenesis which springs from the *massive doses* given to the healthy." By way of illustration, Dr. G. mentions the Asiatic cholera, and says very truly, that "no attenuation of camphor will ever so intoxicate a healthy man as to make him resemble a case of cholera. Collapse, and a just adaptation of the science (?) of homœopathy to this case teaches us that the exhibition of *any attenuation* to a collapsed case of cholera must be wholly fruitless." We would ask whether the same remark will not apply to all other cases of "attenuated" doses. Will, or will not, the symptoms described in homœopathic works, be produced in the healthy by the infinitesimal or "attenuated" doses; and if not, as Dr. G. has conceded in the case of *camphor*, must not the exhibition of any attenuation in disease "be wholly fruitless?" If camphor is an exception to this law, let us know for what reason. Dr. G. goes still further, and says that "it is by

no means a necessary condition of an homœopathic cure that the doses be of the potentized (infinitesimal) form." "Nay, that the potentized form is in some cases inevitably *non-homœopathic*."—p. 3. We are glad to find Dr. Gray expressing the opinion that it "is indispensably necessary to enlarge the boundaries of our art (homœopathy) by an enlightened reading and study of the practice of the old school." This contrasts very favorably with the opinion of another distinguished writer in the same journal, who says that "those who undertake the study of homœopathy, must throw all their previously acquired knowledge overboard."

Again, the senior Editor of the Examiner tells us that he deems "it not only justifiable, but an imperative duty, so long as the present imperfect state of our art exists, that we apply remedial agents occasionally *which are not yet reduced to scientific order;* that is to say, we are sometimes forced to apply drugs, from their known good effects in pretty well defined groups of symptoms, with the physiological or pure pathogenetic powers of which we are unacquainted. *This practice in our school is a return to the long extinct mode of the Empirical Sect!*" We beg pardon, Dr. G., but this is nothing more nor less than a return to *allopathy*. It is an appeal to observation and experience, uninfluenced by theory, and this it is that constitutes the glory, the *decus et tutamen* of ordinary practice. This is the rock on which true medical science reposes, and it is a rock too, on which homœopathists are very glad to plant their feet, when about to be swallowed up in homœopathic quicksands. Among these means Dr. G. mentions the *polypodium filix mas* and *cowhage* against worms: *mesmeric passes!* the external and internal application of heat and moisture (hydropathy!), and also BLOODLETTING!! "an agent," says Dr. G., "which I have not ceased to apply during the 18 years of my acquaintance with homœopathy: at first, by advice of my learned and lamented predecessor, *Dr. Gram*, it was continued *upon purely empirical grounds*, but now, and for many years past, I apply it *upon the homœopathic basis*, having acquired, partly by experiments on myself, and partly by reading allopathic authorities to that end, *a tolerable pathogenesis of it!*" &c. With such a creed it is not in our heart to quarrel. To practise *homœopathically* when we *may*, and *empirically*, i. e., allopathically, when we *must*, meets our views very closely; and were it not for the name, for which we have really no respect at all, we would as soon go for this system as for bread-pills, colored water, and placebos generally. But there is an odor about homœopathy that is really offensive to men of ordinary sensibilities, and we therefore are obliged to plod along on the old platform.

Dr. Hempel, the associate editor of the "Examiner," opposes these views of his colleague, and says that "the time has already come when *Protestantism*, or the *right of free inquiry* has introduced a division in the ranks of homœopathists, and has made these diverging members of the common family as uncompromising opponents as are the adherents of Hahnemann and Galenus. I do not," he adds, "wish to appear as a wavering reed in the tumult of opinions which is raging around me. I want to take part in the battle; I wish to take up arms as a determined champion of the good and noble cause of homœopathy, *under the banner of Hahnemann*, and I shall resist, with all my energies, those homœopathists, who deviate from Hahnemann's mode of applying the principle, '*similia similibus*,' without assigning proper reasons for their innovations."

Dr. H. would seem to condemn the "*right of free inquiry*," to the practitioners of this school; and on the same ground as is claimed for Swedenborg and Jo. Smith, by their followers, viz., that of *inspiration*. This is the end of the argument, if not of the law. "*Homœopathy*," says Dr. H., "*I regard as one of the forms of Divine wisdom!*" "I regard Hahnemann as a chosen vessel in which the progressive workings of Divine wisdom have realized the perception of a Divine truth;"—"the principle is Divine." "Homœopathy is the gift of God to all of us, and to the people;"—and so Dr. H. is willing to concede that "everybody has a claim upon it, and should be permitted to practise it according to the measure of his understanding." Again we are told that "among the practitioners of our art the *eclectic philosophers* have a legitimate use and existence. These are, properly speaking, *men without any fixed and definite principles;* they are guided by expediency and circumstances; they form a sort of transition-link between what is termed the extremes of a doctrine, and *may be and ought to be tolerated, provided they do not set up their notions* as THE TRUTH." Were not the co-editorship of the "Examiner" a sort of personified JANUS, perpetually looking different ways, we should call on the associate of Dr. H. for one of his lowest bows on this occasion. But situated as they are it would inevitably be thrown away—as for ourselves, we should esteem a *Siamese* partnership more to our taste, as it would doubtless prove more profitable to our readers. It is somewhat remarkable, that Dr. H.'s veneration for Hahnemann did not prevent his using the following language in his preface to the translation of "Chronic Diseases." "Hahnemann's conception of the action of the homœopathic drug was altogether *vague, incomplete, and even erroneous;*" accordingly we have a new version, or "conception of the homœopathic doctrine," of Dr. H.'s own manufacture, which he dignifies with the name of "demonstration" not "speculation" and of which we shall speak presently. We are under great obligation, however, to Dr. Hempel, for his excellent translation of Hahnemann's work on chronic diseases; it is the first time the American practitioner has been put in possession of an English version of this somewhat celebrated work.

Our readers are aware that Hahnemann makes PSORA, or the *itch*, the grand source, or to use his own language the "common mother of most chronic diseases." "It may be said," he remarks, "that at least *seven-eighths* of the presently existing chronic maladies originate in the reckless suppression of the chief external symptom of *psora*, which acts as a substitute for the internal disease. The remaining eighth originates in *syphilis* or *sycosis*, or in a complication of both miasms, or, what is very rare, in all three combined—*syphilis may be easily cured by the smallest dose of the best mercurial preparation, and sycosis* by a few doses of *thuya* employed in alternation with nitric acid; the cure of these miasmatic diseases is only then difficult and tedious when they are complicated with *psora*." P. 30.

According to Hahnemann, *psora* was the direct result of original sin; it was that primeval taint that entered into our first parents, the moment they ate the forbidden fruit. At first it appeared in the form of leprosy; during the middle ages, it assumed the shape of a malignant erysipelas, called *St. Anthony's fire;* and towards the end of the 15th century "it took the form of the ordinary eruption of the itch." Dr. Hempel agrees with Hahnemann in his views as to the nature of *psora*, and says that "the principle of division, or dissolution which man had suffered to be intro-

duced into his spiritual nature, must necessarily have embodied itself in a corresponding principle in the material organism. It is this principle which Hahnemann calls *psora.* In proportion as man's spiritual nature becomes developed and purified, this psoric miasm will be diminished, and will finally be completely removed from the life of humanity." Again, "the psoric principle marks the general adaptation to evil, recognized and inherently received by the human organism; acute diseases are violent and sudden invasions of the organism by the *forces of evil.* These sudden invasions could never have taken place without man having first admitted the psoric principles to be constitutional in his organism." P. 3. This is certainly the most rational explanation we have ever met with, of the cause of the vital principle itself being so often at fault—that principle which takes upon itself the regulation of all the forces, properties and functions of life, being compelled to succumb to so many "forces of evil." The *psoric miasm* throws a flood of light over this otherwise obscure labyrinth.

According to Hahnemann and his translator, the causes of disease, "forces of evil," are *spiritual essences; disease itself is spiritual, and remedies are likewise spiritual.* A writer in the Examiner very pointedly observes, "spiritualize diseases if you will, but recollect they inhere in material subjects, and produce material changes,—consider also the actions of drugs as potential, but bear in mind that their potencies reside in material vehicles." (P. 151.) In reply to this, Dr. Hempel has the following remarks.

"What then is it, what is the agent or principle embodied in the constitution of medicinal substances, which is not likewise contained in those that are used as nourishment?

"It is the spiritual or dynamic element of the medicinal substance, which is set free by the processes of trituration and succussion adopted by Hahnemann. The body of that principle is annihilated by those processes; the sugar of milk and the alcohol are assigned to it as merely temporary abodes, artificial bases or forms, vehicles, for which it has *no inherent affinity,* and which it will therefore *leave* as soon as it is placed in relation with *a state* which is *homogeneous* to its own nature. If trituration and succussion be necessary to *set* that dynamic agent *free,* then the natural inference is that its freedom, its certainty and rapidity of action, its expansiveness, will increase proportionally to the extent that those processes are carried on. A cure is not effected by the body of the medicinal substance, but by the dynamic or spiritual agent which is contained in it. This point the writer has completely overlooked; otherwise he could not have established a comparison between the thirtieth potence of Hahnemann, and the tincture on one side, and the 2000th potence on the other. If Hahnemann had simply intended to *divide* the tincture by carrying it up to the thirtieth potence, why was he so particular in establishing strict rules for the trituration and succussion of the drugs? *why count the minutes, and the number of shakes?*"

If we understand the meaning of Dr. H., it is that the spiritual element of the drug is developed, or so modified by a certain amount of trituration, or a certain number of shakes, as to leave the body of the drug, whenever it meets with a condition analogous, or, rather, "homogeneous to its own nature." Who can tell *how many shakes* this is going to take? Will the "spiritual element" speak out when it is manipulated to the "top of its bent?" Why will not a few hard rubs, or a few tremendous shakes so discipline this stubborn element, this "lurking devil," as to make it willing to leave its "temporary abode," as well as a larger

number of moderate rubs or shakes, and so save an immense amount of precious time. Only think of preparing medicines homœopathically of the 2000th "*potence*," for that is Dr. Hempel's favorite dilution.

With respect to the highest potences, by the way, Dr. H. thinks that if a single cure had not been effected by them, it would be no reason at all for rejecting them. "There must," he remarks, "*be a beginning to all things*, and there certainly has been to the use of the 30th potencies. We can assure the writer that we have seen stimulating effects from some of the highest potencies, and we know that others have likewise. We do not think it would have been good policy for Hahnemann to appeal to *experience* when he proclaimed the law, '*Similia similibus*,' as a universal and divine principle." We think so too.

Dr. Hempel, we are surprised to find, after conceding his divine mission, is dissatisfied with Hahnemann's explanation of the *modus operandi* of homœopathic drugs, and says that they have given rise to objections like these,—"To cure a burn, you must burn the limb a little more; to cure a simple fracture, you must make it compound. To be sure, such objections are absurd; but they are justified by the incompleteness of Hahnemann's own explanations of his theory." (*Chronic Dis.*, p. 159, vol. i.) Let us then see what is Dr. H.'s explanation of the homœopathic method of cure. "In my inaugural *Thesis*," he remarks, "published by Mr. Radde, 322 Broadway, I have indicated the *true reasons* why the homœopathic remedy should exercise such a great influence upon the disease. The reasons which I have stated there, do by no means explain the inmost agency of the homœopathic drug; but they constitute, *and will for ever constitute*, the immovable basis upon which the mysterious workings of the homœopathic remedial agents have to be investigated and explained. In my thesis I have *demonstrated that every homœopathic cure is a materialization of that abnormal vital state which we call disease;* that the homœopathic remedy acts by reducing the disease to its own natural order or form of existence, which is the medicinal substance; and that the disease leaves the organism by a compound force, first by virtue of the irresistibly attractive power which the medicinal substance exercises over the disease, and by the consequent restoration of free agency imparted by the vital principle. Hence in the homœopathic process of curing there is no forcing; the disease leaves the organism of its own accord, in perfect freedom, for the simple reason that the human organism is not its natural order of existence, and that the medicinal substance is this order. Nor is the disease annihilated. On the contrary, it is developed by the medicinal substance *into its ultimate type;* it is upon an ultimate physical type that all intellectual, spiritual, and vital states of existence rest, whether they be normal or abnormal; *the ultimate types of all abnormal vital states of existence are the medicinal substances.*" (*Chronic Dis.*, vol. i., p. 160.) This, be it recollected, is what Dr. H. calls a "*demonstration, so far as any physical truth can be demonstrated* in the present state of our knowledge." Our brain absolutely grows dizzy and reels in attempting to fathom this rationale; this great fundamental basis of the *modus operandi* of all homœopathic drugs! What are these "forces, which, instead of acting upon, or embodying themselves in matter, act upon and try to embody themselves in the animal organism, and adapt it to their own nature?" We get a very faint glimmering of what Dr. H. means, when he adds

that "this adaptation can only be completed by first destroying the organism, converting it to formless matter, and then impressing upon this formless matter their own creative energy." If these "forces of evil" have such "creative energy," why are they lodged in the dead matter of drugs, and unwilling to leave it, till they have undergone a certain number of shakes, or triturations? Then it is, it seems, and not before, that they are willing to shake hands with their first cousins, the "forces of evil," or the "spiritual elements" of the diseased organism, and form a treaty of conservative alliance! "I have conclusively shown," says Dr. H., "that the remedial agent makes no *direct* impression upon the vital principle, but that the impression is made *upon the disease*, and that, by means of this impression, the vital principle is freed from its embarrassed condition." (P. 113.)

The following is Hahnemann's mode of curing Syphilis;—"Take a grain of the purest liquid quicksilver, and triturate it for 3 hours with 300 grains of sugar of milk, taking 100 grains at a time and triturating them for an hour. In this way you obtain the million degree of the trituration. Of this trituration you dissolve one grain in alcohol, continuing the process of dissolving through 27 phials up to the *decillion* degree. Formerly I was in the habit of using one, two, or three globules of the *billion* degree, for the cure of Syphilis. The higher degrees, however, even the *decillion* degree, act *more speedily, more thoroughly, and more mildly.* If more than one dose should be required, *which is seldom the case*, the lower degrees may then be employed!" but *why*, if the "higher act more speedily, thoroughly, and mildly?"

Hahnemann exclaims, "God be praised, the homœopathic physician has dispensed with the necessity of employing the barbarous practice of blood-letting. (P. 177, v. i.) Beginners and learners may be pardoned," he adds, "for using depleting processes, but if they dare to pride themselves on their pretended improvements, and to promulgate BLOOD-LETTING and cupping as processes that are eminently homœopathic, *then they make themselves ridiculous;* they ought to be pitied for their dabbling, and for their bungling blindness, which inflicts suffering upon their patients. Is it *laziness*, or is it a foolish predilection for the pernicious routine of Allopathy, which prevents them from making themselves acquainted with the true homœopathic remedy, *that always acts with certainty and success.*" (p. 181.)

But we have already exceeded our limits. Those who wish to draw their homœopathic lore from the fountain-head, will go to Hahnemann; those who wish to learn its present *phase*, form and pressure, will consult the pages of the "Homœopathic Examiner." In reading these works we have been more strongly impressed than ever with the conviction that to believe in homœopathy as a true system of medicine, *requires a peculiar constitution of mind,—homœopathicus nascitur, non fit.* Here, it is evidently not faith like a grain of mustard seed that is to remove the mountain, but it is the mountain of faith that is to swallow the mustard seed!

ART. XIII.—*Lectures on Puerperal Fevers.* By WILLIAM HARRIS, M.D. Philadelphia, 1845. 8vo., pp. 50.

THESE lectures, published by the medical class, to which they were delivered, are highly creditable to the author, embodying, as they do, sound precepts and judicious advice, couched in simple and terse language.

Dr. H. maintains that puerperal fever is either inflammatory or congestive; that the inflammatory form of the disease is the more mild and curable, especially if the phlegmasia be confined to the peritoneum; and that the congestive is more malignant, and often beyond the control of the best directed remedial agents. The phlegmonous form of puerperal fever may originate in the peritoneal covering of the uterus and its appendages, extending thence, in various directions, over the peritoneal sac; and to this the name of puerperal peritonitis may be properly given; or it may commence in the muscular and mucous coats of the uterus, in which case it is a *puerperal metritis*, or *hysteritis;* or in an inflammation and suppuration of the veins and absorbent vessels of the uterine organs.

Dr. H. shows very conclusively, as we think, that puerperal fever and erysipelas are convertible diseases, but this has been so thoroughly demonstrated of late, that there is no necessity of detailing the facts which go to sustain this relation. Our limits will not allow us to go into a full examination of these lectures; the general conclusions are thus summed up:—

"1st. That puerperal fever is not a specific disease; that it appears under different forms, and assumes every variety of type, from the lowest congestive to the highest inflammatory; and that the physician who always assails this Protean malady with stimulants, will be as often disappointed in his expectations as he who is determined to subdue every case by the free use of the lancet.

"2d. That physicians have erred in supposing puerperal fever to exist only in the particular form of disease which they themselves have observed; and in assuming that the treatment which was most successful in one epidemic must be equally efficient in all. In other words the great mistake has been in prescribing rather from the name of the disease than its symptoms.

"3d. That there is no medicine, with which the profession is acquainted, that exerts a specific action on any form of puerperal fever.

"4th. That the inflammatory type of the disease is the more mild and medicable, and will yield to early and copious bleeding, aided by other depletory measures.

"5th. That in the adynamic form of the disease, where early collapse precludes all antiphlogistic measures, the only judicious plan of treatment is to support the patient by light nutrition, tonics, and stimulants, and trust to the *vis medicatrix naturæ;* as a critical abscess pointing outwards, or some other critical evacuation may conduct the case to a favorable issue.

"6th. That pathological anatomy has afforded the profession but little assistance in investigating the character of the disease at a curable period; but has only exhibited the extent of its ravages when it had attained a height at which it must be fatal to life.

"7th. That close observation of the phenomena which the disease presents during life is of more importance to medical science, than inspecting the changes which are to be found after death.

"Beyond these conclusions I am not prepared to go. There are still some points connected with the character and treatment of puerperal fever, about which my mind is not satisfied, and when I revert to the little success that has attended the efforts of our profession to arrest its ravages, I am willing to acknowledge with Burns, 'that I find it much easier to say what remedies have failed, than what have done good.'"

ART. XIV.—"*A Complete Practical Treatise on Venereal Diseases, including Observations on certain Affections of the Uterus, attended with Discharges.* By WILLIAM ACTON, late Interne at the Female Venereal Hospital, Paris. First American Edition, with additional Illustrations and colored Plates. New York; J. S. Redfield. 1846. 8vo., pp. 334.

WE have risen from the perusal of this spirited monograph with a feeling of entire satisfaction. It seems that the great desideratum is at length accomplished; and that a work elucidating the correct pathology, and sound practical treatment, of the various maladies denominated venereal, is before us. The "*ultima Thule*" is reached; and it should be a cause of just congratulation with the profession, that these diseases, around whose origin and history so much of obscurity has hung—whose ravages have been so terrific, and whose consequences so deplorable, have at length in a great measure been divested of mystery and terror, by the researches and experiments of enthusiastic investigation.

For the last century, the inquiries and discoveries of some of the master spirits of medicine, have been tending towards this end. Diligent feet have been treading the paths and exploring the labyrinths. Every successive pioneer has enlarged the domain left by his predecessor, until at this day the field is open—the boundaries established—and the landmarks set. Thus from the earlier investigations of Astruc, and Hunter, and Bell, to the more recent and splendid discoveries of Ricord, now enlarged and perfected by Acton, we have the records of syphilis, from the vague conceptions of the earlier physicians, to the incontrovertible deductions, founded upon the careful observation of phenomena, which so eminently characterizes the science of medicine at the present time. This progressive unfolding and development of the obscurities of scientific research, affords a noble illustration of the history of medicine from its morning, enveloped in cloud and mist, to the noon-tide of its prosperity and light; and for all this, our profession is mainly indebted to the method of reasoning by induction, revealed to the mind of Bacon some two hundred years ago.

We are glad to find such a book coming from such a source. Its author, for a series of years an interne of the largest venereal hospital in the world, a pupil of Ricord, and conversant from personal observation with the treatment of the disease in all the great continental hospitals, comes to us with credentials that demand and merit our confidence. As to the fulfilment of these expectations, his work must be his judge: but we hesitate not to affirm, that it will be found the most complete and satisfactory treatise on the subject in the language. While for the most part the author follows the arrangement and classification of Ricord, his work is more eminently practical in its character, and better adapted to the necessities of the practising physician. Herein they differ.—While the former gives almost his whole attention to his investigations into the nature of the syphilitic contagion, the non-identity of the virulent and non-virulent affections, proved by his famous "test by inoculation," to the exclusion of practical detail in treatment, the latter has merely adverted to these well established facts, while he devotes his whole energy to the elucidation of pathological conditions, accurate descriptions of appearances presented, and the best mode of treatment for the various forms and stages of the disease. In the therapeia, where Ricord was deficient, Acton has been the most comprehensive.

Some idea of the author's scope and arrangement may be obtained from the following brief synopsis of his work:—His introduction contains the history of venereal diseases, and an able argument to prove that these maladies were known to the ancients. His conclusions are deduced partly from allusions in Holy Writ, and partly from accurate descriptions of these diseases by physicians of early times.

He divides his treatise into two parts—the first relating to non-virulent or blenorrhagic affections; the second to virulent or true syphilitic diseases.

Chapter I. treats of Blenorrhagia.—Chapter II., of Blenorrhagia in the Male, with Balanitis, Epididimitis, Strictures, Affections of the Prostate Gland, False Passages, Disease of Cowper's Glands, Infiltration of Urine, and Fistulous Openings.—Chapter III., of Blenorrhagia in the Female.—Chapter IV., Forms of Blenorrhagia common to both sexes, including Ophthalmia, Affections of the Anus, of the Mouth, Nose, and Ears, Vegetations, Herpes Preputialis, Eczema, and Excoriations.

Our author prefers the generic term blenorrhagia, to designate the non-virulent affections, to those in more common use, particularly gonorrhœa, inasmuch as it conveys a wrong idea of the pathological condition, a consequence, under the present improved nomenclature, highly to be deprecated.

Our limits forbid entering into anything like a critical analysis of his treatment. We can barely notice his remarks on the *abortive treatment* of gonorrhœa, a method so often successful, cutting short in a few days this generally protracted and loathsome malady. He says, "*At the commencement of the discharge, and before any redness is seen around the urethra, or pain felt in making water*, the surgeon will frequently be able to cut short the affection, and cure his patient. It consists, in addition to other means above mentioned, viz:—(low diet, rest, and moderate antiphlogistics), in employing during the succeeding forty-eight hours, twelve injections of nitrate of silver; the strength of the solution of the salt should be two grains to ℥ vij. of distilled water. Let the injections then be left off, and cubebs or copaiva given in the doses above spoken of. If the case be recent, this treatment will succeed fifty times in a hundred cases, and there is no fear of occasioning *stricture* or *swelled testicle*, at this period of the complaint.

In confirmed cases, he also uses the injections joined with the exhibition of the anti-blenorrhagic medicaments, which he thus enumerates in the order of their efficacy—copaiva, cubebs, turpentine, diuretics, astringents, tonics, iodine, &c. His chapter upon strictures, deserves careful attention. He, however, argues strenuously against the commonly received opinion, that injections, at any period of the disease, are the exciting causes of stricture. The "post hoc, ergo propter hoc" doctrine finds no quarter at his hands. He contends that the prolonged inflammation, which induces the organic changes of induration and hypertrophy, is the cause of this unfortunate consequence of gonorrhœa, and that the "culprit injections" are innocent of the offences laid at their door. This, however, is a mooted point, and requires perhaps further elucidation.

The second part of the work is devoted to the consideration of syphilis, which he thus defines—"Syphilis is a virulent affection, the essential character of which is, its dependence upon a special cause or distinct virus."

Chapter I. Primary Symptoms, Chancre, Bubo.—Chapter II., Se-

condary symptoms, Affections of the Skin, Mucous Membranes, Eye, and Testicles.—Chapter III., Tertiary Symptoms.—Chapter IV., Syphilis in Children.

In the treatment of the primary sore he follows the course adopted by Ricord, viz. cauterizing the part with a pencil of nitrat. argent., and dressing with lint, saturated in a solution of the aromatic wine of the French pharmacopœia, or what is cheaper, and answers equally well, "decoct. alb. ℥ viij., tinct. catechu, ℥ ss." The cauterizations are to be repeated as long as the period of ulceration shows itself upon the removal of the dressings. These means suffice for the cure of most of the forms of primary chancre. When the disease remains stationary or becomes indurated, it is received as an evidence that the system is about to be constitutionally affected; experience having shown that secondary symptoms will follow from indurated chancres in eighty-six out of every hundred cases.

The well-known antagonistic powers of mercury are then brought to bear upon the disease, either in the form of blue pill, or, what he prefers, the proto-ioduret, in one grain doses, to be taken at night until its effects are visible upon the induration. Ptyalism is avoided if possible.

When secondary symptoms make their appearance, the same preparation of mercury is employed conjoined with sudorifics and tonics. He objects to "corrosive sublimate" for the following reasons. "Corrosive sublimate, as an internal remedy, should we think be excluded from general use. It has a great tendency to produce colic, and gastro-intestinal irritation, and although we have seen it employed on a large scale in France, we have observed few patients who have been able to submit to it long enough to produce a complete cure."

In the management of tertiary affections, we will quote his own words. "The employment of tonics, nutritious diet, proper clothing, &c., will often have the best effects. Among other preparations, we have observed those containing opium to be followed by the best effects, in allaying local and constitutional irritation. Mercury in its various forms is, generally speaking, as prejudicial at this stage as it was beneficial in secondary symptoms, and although in those symptoms of transition between the secondary and tertiary, as in deep tubercles of the skin attended with callous ulcerations, it may still be advantageously employed, it is nevertheless true that the further we retire from the early stage of secondary symptoms, the less efficacious it becomes until it ends in being highly prejudicial."

In these cases the author places his chief dependence on the iodide of potassium, given according to the following formula.

"We may commence," says he, "by a dose of ten grains taken daily in this mixture,—

Distilled Water, ℥ iij,
Iodide of Potassium, grs. x,
Syrup of Poppies, ℥ j.

This should be taken in the course of the day, in three glasses of decoction of sarsaparilla, or some bitter infusion. The doses may be augmented by ten grains every five days, until a hundred grains are taken daily; this dose I have rarely exceeded."

We can cheerfully recommend this treatise on the venereal disease to the notice of practitioners. It is, what it professes to be, a practical work; every page contains sterling matter. The typographical execu-

tion is highly creditable to the publishers, and the nine beautifully colored lithographs which adorn the book, present the morbid appearances to the eye with all the fidelity of truth.

ART. XV.—*The Philosophy of Mystery.*—By WALTER COOPER DENDY, M.D., Fellow and Honorary Librarian of the Medical Society of London, &c. New York, Harper and Brothers, 12mo., 441.

THIS is a very agreeable and interesting *melange*, on matters which every one wishes to dive into, whether profitably or not. In these days of homœopathy, mesmerism, clairvoyance, somnambulism, and catalepsy, when we are so often obliged to exclaim,—

> "Can such things be
> And overcome us like a summer cloud
> Without our special wonder,"

we are glad to get hold of anything which aims to give us the *philosophy of mystery;* for if there is any philosophy in these matters, which too often assume the garb of trick, or *diablerie*, we wish to know it—we have dealt long enough in isolated wonders, and individual miracles; now let us set about generalizing,—reducing them to some recognized principles, and explaining them by some ascertained and established laws of our physical and intellectual being. If, for example, there is a mesmeric fluid, let us have the laws by which it is governed, and the circumstances under which it acts; if there is such a thing as transposition of the senses, give us the *quare* and the *quo modo;* the why and the wherefore; if Mesmer mesmerized the sun, as he said he did, be so good as tell us how he performed the mighty feat; if persons can see through the thoracic and abdominal parietes, and tell us the condition of the different viscera, do inform us why, in the name of wonder, they do not set about exploring other dark places, and seek for hid treasures, "deep in the ocean buried," and give us at the same time the rationale of the matter.

But we have no space at present, for a discussion of all these grave questions; we intend to dip into them ere long, in our way, and state all the *philosophy* we have been able to dig out of them; in the meantime we commend Mr. Dendy's book as the best thing we have met with, to clear up these marvels.

ART XVI.—*The Anatomical Remembrancer; or Complete Pocket Anatomist.* Containing a concise description of the bones, ligaments, muscles, and viscera; the distribution of the nerves, blood-vessels, and absorbents; the arrangement of the several fasciæ; the organs of generation in the male and female; and the organs of the senses. From the 2d Lond. Ed. N.Y.: Samuel S. and W. Wood, 1845. 18mo., pp. 245.

THE object of this little manual is to recall to the mind of the student in anatomy, the information he may have acquired either by actual dissection, or by the perusal of works which profess to treat more fully on the subject. The descriptions, though concise, are clear and intelligible, and the work is well adapted for the purposes designed.

ART. XVII.—*A Pocket Atlas of the Descriptive Anatomy of the Human Body.* By J. M. MASSE, M.D., Prof. of Anatomy, Paris. Translated from the last Paris edition, and edited by GRANVILLE SHARP PATTISON, M.D., &c. New York: Harper & Brothers. 12mo., 112 colored plates.

WE had thought that perfection had long since been reached in the way of anatomical plates, and that nothing more could be desired or expected in this department; but we must say that this work shows how feeble our conceptions were of the standard which might be reached in this department of illustrative art,—as the able editor has remarked, there are numerous anatomical classes in existence, but they are not only too voluminous and expensive to supply the wants of the great body of the profession, and can only be consulted as a general rule at home; but here is a work which may be carried in the pocket, taken into the anatomical theatre and the dissecting room, and in fact may become the constant companion of the student and the practitioner. It will also be highly useful to the surgeon, who has no means of referring to the *subject* previous to an operation; and the physician, also, when meeting with symptoms, which cannot be explained, by examining the position of organs, and studying their relations and nervous supply, as beautifully delineated in these plates, may find many of his difficulties removed, and thus be able to practise his art with more satisfaction to himself as well as benefit to his patients. The work, therefore, commends itself to all classes, and we have no doubt will have a circulation commensurate with its merits.

The engravings on steel, by Mr. Ormsby, and the coloring by Mr. Ackerman, cannot well be surpassed. The price is $3 for the plain, and $5 for the colored copies, which is about half the price charged for imported copies.

ART. XVIII.—*Outlines of the Nerves, with short descriptions.* Designed for the use of Medical Students. By JOHN NEILL, M.D., Demonstrator of Anatomy, in the University of Pennsylvania, &c. Philadelphia, Barrington and Haswell, 1845. Nine Lithographic Plates.

IT is the object of this work to present to students of medicine, a simple and concise view of the nerves, and such as may be learned without difficulty. We think it a great advantage to place the names on the different nerves and filaments, so that the eye may take in both at the same time; being in fact, the same plan as was adopted in relation to the arteries, in a former work by the same author. As we conceive the work admirably adapted to the purpose designed, we would advise every student of medicine to procure it, while studying this portion of anatomical structure.

ART. XIX.—*Urinary Deposits, their Diagnosis, Pathology, and Therapeutical Indications.* By GOLDING BIRD, A.M., M.D., Assistant Physician to, and Lecturer on Materia Medica, at Guy's Hospital. Republished by Lea and Blanchard, Philadelphia, 1845. 8vo., pp. 222.

WE are glad to find this standard work placed within the reach of American physicians. For an excellent analysis of its contents, we refer to Ranking's "*Half-yearly Abstract of the Medical Sciences*," which was issued and sent out with the last Number of our Journal. We shall hereafter give a somewhat extended notice of it; at present, we can only recommend it in general terms, as the best work yet published on this department of physiological chemistry, and one which should be in the possession of every well-informed physician, who wishes to base his practice on established principles of science.

ART. XX.—*A Manual of Auscultation and Percussion.* By M. BARTH and M. HENRY ROGER, M.D., &c., Paris. Translated with additions, by FRANCIS G. SMITH, M.D., Lecturer on Physiology in the Philadelphia Medical Association, &c., &c. Philadelphia, Lindsay and Blakiston, 1845. 12mo., pp. 160.

THIS is a very useful manual of the most important diseases of the chest and abdomen, and their method of diagnosis by physical signs; and from its conciseness, is peculiarly well adapted to the wants of students and junior practitioners. The editor has performed his duty with decided ability. We cheerfully commend this manual to all who wish to cultivate the indispensable department of physical diagnosis.

ART. XXI.—*The Medical Remembrancer, or Book of Emergencies;* in which are concisely pointed out the immediate remedies to be adopted in the first moments of danger from poisoning, drowning, apoplexy, burns, and other accidents; with the tests for the principal poisons, and other useful information. By E. B. L. SHAW, M.R.C.S., and L.C.S. London; revised and improved by an Am. physician. New York: S. S. & W. Wood. 1845. 18mo., pp. 112.

WE think, as a general rule, it is better to carry information in the head, than in the pocket; but there are some things which ordinary memories cannot compass, and it would be worse than useless to make the attempt. We doubt, however, whether these are such as belong to works of this kind; he must be poorly qualified, indeed, for the practice of his art, who, notwithstanding "the alarm and confusion" of sudden emergencies, knows not what to do. This is the very knowledge he is to acquire in studying his profession, and without it, he is not entitled to the name of physician. Still the work may be very useful to those who are liable to be called on, before they are fairly initiated into the

knowledge necessary for the successful practice of their art; such as apothecaries; students; and families, where the immediate services of a physician cannot be obtained. For such it will prove a very useful manual, as the remedial advice is judicious and practical.

ART. XXII.—*A Lecture on the Philosophy of Medicine, Introductory to a course of Lectures on the Institutes of Medicine, and Materia Medica.* Delivered before the Medical Class of the University of New York, at the Session of 1845–6. By MARTYN PAINE, A.M., M.D., Professor, &c., &c. New York, 1845–6. 8vo., pp. 19.

WE congratulate the author of this very able discourse, as well as the friends of the University with which he is connected, on his recovery from his late severe injuries (which for a time threatened the most serious consequences), and his restoration to former vigor and usefulness. Judging from the energy of style, and the range and grasp of thought displayed in this lecture, there is no lack of mental activity and vitality in the author, and we trust that the physical man is equally vigorous. Long may he be spared to expound the principles of a science, of which he has been one of our most ardent and successful cultivators; to dignify and adorn a profession of which he is a distinguished ornament.

The present lecture will compare favorably with the very best of the author's previous writings. Indeed, we are disposed, after a second careful perusal, to place it *first* among his numerous productions; both in point of style and thought. It is a beautiful and elaborate exposition of the philosophy of medicine, as connected with the modus operandi of remedial agents. The following extract may serve to show the ground taken by the professor in relation to this intricate but highly interesting subject:—

"In some of the writings which I have had the honor of laying before the public, I have endeavored to show that the susceptibility of the nervous power to the action of physical and moral causes, and its liability to modifications, opens to us the whole philosophy of remote sympathy in connection with pathology and therapeutics; that it opens to us the whole philosophy of the operation of morbific and remedial agents upon organs that are remotely situated from the direct seat of their application. I do not, therefore, recognize the prevailing doctrine of the operation of morbific and remedial agents by absorption, nor does any part of the humoral pathology receive from me any quarter. They are doctrines of the dark ages, and were well enough, perhaps, for those times. They save, it is true, a vast amount of thought and labor, and appear to hold their advocates in that happy state of ignorance which the poet is disposed to consider better than wisdom. He would have us believe that 'where ignorance is bliss, 'tis folly to be wise.' This may do for the mechanical physician—for one whose medical facts and reasoning begin and end with drugging corrupted blood. But will it answer as well for his patients? Ask the victims of the whole horde of empirics; for these practitioners hold the same theory, and are guided by exactly the same principles.

"Nothing short of an enlightened and comprehensive view of nature, in all her departments, can constitute an able practitioner of medicine. Where one department engrosses the attention, all others are brought hypothetically within that limited compass. It is like cultivating one property of the mind at the expense

of the rest. The poet thinks differently from the man of enlightened judgment, —the lawyer is prone to sophistry and scepticism,—the mathematician is wrapt in abstract truths and deficient in practical business. The history of nature is nothing to the chemist out of his laboratory. In physiology he is like the astrologer amongst the stars."

But we must refer the reader to the lecture itself, as its best and only adequate exponent.

ART XXIII.—*The Chemistry of Man.* By DR. J. FRANZ SIMON. Translated by THOMAS E. DAY, M.A. and L.M., Cantab., Licentiate of the Royal College of Physicians. To be complete in two parts Part I. Phil.: Lea & Blanchard. 1845. 8vo., pp. 292.

REGARDING this as decidedly the most useful work yet issued by the Sydenham Society, we shall aim in our next Number to give a somewhat extended analysis of its contents. At present we can only remark that the first volume is chiefly devoted to researches on the blood in a state of health and disease, including, of course, the theory of respiration, the production of animal heat, the chyle, lymph, &c. We have also a succinct account, in the first chapter, of the mode of prosecuting the proximate analysis of compound animal substances, and the characters by which these may be distinguished from each other.

The merits of the work are so universally known and acknowledged, as to need no further commendation at our hands.

ART. XXIV.—*A System of Surgery.* By J. M. CHELIUS, Doctor in Medicine and Surgery, Public Professor of General and Ophthalmic Surgery, in the University of Heidelberg, etc., etc. Translated from the German, and accompanied with additional notes and observations, by JOHN F. SOUTH, Surgeon to St. Thomas' Hospital. Edited with further additions, by GEORGE W. NORRIS, M.D., Surgeon to the Pennsylvania Hospital. Phil.: Lea & Blanchard. Part I., pp. 132.

JUDGING from a single number only of this work, we have no hesitation in saying that if the remaining portions correspond at all with the first, it will be by far the most complete and scientific system of surgery in the English language. We have, indeed, seen no work, which so nearly comes up to our idea of what such a production should be, both as a practical guide, and as a work of reference, as this; and the fact that it has passed through six editions in Germany, and been translated into seven languages, is sufficiently convincing proof of its value. It is methodical and concise, clear and accurate; omitting all minor details and fruitless speculations, it gives us all the information we want in the shortest and simplest form.

ART. XXV.—*Commentaries on the History and Cure of Diseases.* By WILLIAM HEBERDEN, M.D. (The Select Med. Library and Bulletin of Medical Science.) Edited by JOHN BELL, M.D., &c. Phil.: Barrington & Haswell. 8vo., pp. 212.

ALL who admire sound clinical knowledge; all who wish to obtain unadulterated facts collected at the bedside, and untinctured with speculation or theory, will not fail to avail themselves of this masterly production of the renowned Heberden. It is a classic in modern medical literature, scarcely inferior to that of Celsus among the ancients; indeed it was originally (1782) written in Latin, and afterwards rendered into English. As a work on practical medicine, embracing a very wide range of disease, it will not suffer by comparison with the best treatises of modern times.

ART. XXVI.—*Summary of the Transactions of the College of Physicians of Philadelphia,* from May to Oct., 1845, inclusive.

THE Philadelphia Medical Society has stated monthly meetings, at which important papers are read and interesting discussions take place, and at the end of every six months the proceedings are published in a goodly sized pamphlet, for distribution among the members, as well, we believe, as for general circulation. This plan is an admirable one, and one which we have long desired to see adopted by the Medical Society of this city. We should like, at any rate, to see an effort made to resuscitate our Society, and we would respectfully suggest to the officers and members whether this is not an auspicious time to make the attempt. We believe the elements exist in its organization, which, if properly encouraged, would result in great prosperity and usefulness. To whom does it belong to make the first move? One of the most interesting articles in the Transactions of the Philadelphia Society, is the "Annual Report on the Theory and Practice of Medicine," by Dr. S. Jackson, formerly of Northumberland. But our narrowing limits preclude any extracts.

Foreign Medical Intelligence.

PART THIRD.

ANATOMY AND PHYSIOLOGY.

1. *On the Effects of Food on the Blood.*—Dr. Buchanan has drawn the following conclusions on the state of the blood after taking food:—

1. The serum of the blood of a healthy man fasting, is perfectly transparent, and of a yellowish or slightly greenish tint. 2. A heterogeneous meal, such as that usually set on the tables of the rich, renders the serum white. 3. The whiteness may commence as early as half an hour after eating, and may continue ten or twelve, and sometimes as long as eighteen hours, according to the kind and quality of the food, and the state of the functions of the primary and secondary digestion. 4. *Starch*, and *Sugar*, probably all vegetable substances destitute of oil, give no whiteness to the serum of the blood. 5. *Fibrin*, *Albumen*, and *Casein*, and probably *Protein-compounds* in all their forms, if destitute of oil, give no whiteness. 6. Oils combined, whether naturally or artificially, with protein compounds or with starch, render the serum of the blood white; probably, therefore, oils produce that effect in whatever way taken. 7. Gelatin seems to render the serum of the blood white; this, however, cannot be considered as certainly established, as there may have been some fat in the beef-tea which was taken along with the calf-foot jelly in both experiments on which the above conclusion rests. 8. The coagulum of the blood very frequently exhibits, after taking food, a crust of pellucid fibrin, or of pellucid fibrin dotted with more opaque particles, and with little of the contraction technically named "cupping." 9. The appearances of the coagulum just mentioned are much more common after azotized than after non-azotized food.

These conclusions relating to the visible characters of the blood may be considered, with the single exception above mentioned, as well established. The conclusions which follow relate chiefly to the chemical properties of the blood, and are not worthy of the same reliance; but the evidence on which they rest has been laid before the reader, and he must judge of them for himself.

1. The substance defined above under the name of Pabulin, is most abundant in the blood a few hours after taking food, sooner or later according to the rapidity of digestion. 2. It is less abundant as the time when the food has been taken is more remote, and is small in quantity after a fast of twenty-four hours. 3. It is much more abundant after azotized, than after non-azotized food. 4. It varies in quality, floating or subsiding, according to the kind of food taken. 5. It is probably analogous in nature to the white substance which gives color to the serum of the blood. 6. The difference between these two forms of this substance probably is, that it is sometimes combined with an alkaline, or earthy salt (chloride of sodium, sulphate of soda, &c.), and sometimes with an oily body (stereate of glycerine, &c). In the former case it seems to dissolve completely in the blood, while in the latter it is only partially dissolved, and renders the serum opaque. 7. The azotized principles of the food are probably made to combine, in the digestive tube, with the alkaline, earthy, and oily salts mentioned above; and thus become capable of being absorbed into the blood. 8. The alkaline and earthy compounds are probably absorbed directly by the blood-vessels, while it seems to be well ascertained that the oily compounds are absorbed through the lacteals.—*London Medical Gazette, Oct.* 10, 1845.

MEDICAL PATHOLOGY AND PRACTICAL MEDICINE.

2. *Antagonism of Pulmonary Phthisis and Intermittent Fever.*—At the scientific congress of Lucca this subject was warmly discussed, without any satisfactory result having been arrived at. Dr. Salvagnoli presented a series of cases, accompanied by a statistical table, tending to show that in the Maremma district of Tuscany, where intermittent fevers are numerous, pulmonary phthisis and scrofula are but rarely met with. This pathological fact he endeavors to explain in the following manner:—If we admit, says he, a physiological antagonism between the liver and the lungs, which most physiologists do, it is easy to understand why phthisis should be rare where intermittent fever is common. Malaria acts principally on the abdominal viscera, increasing their action and volume. This increase of abdominal vitality diminishes the vital actions of the lungs, and thus prevents the development of tubercles in their tissue. Dr. Renzi criticised Dr. Salvagnoli's statistical table, and remarked that in marshy districts the number of individuals who arrive at a favorable age for the development of pulmonary phthisis is relatively smaller than in more favored localities, and that consequently a calculation established only on the number of deaths from phthisis in such localities could not be exact. If the generations disappear during childhood—if the medium age, which is thirty years, is infinitely less in marshy districts, it becomes evident that more persons will die from the inflammatory diseases of early life, and fewer from chronic affections. Dr. Griffa confirmed the observations of Dr. Salvagnoli respecting the rarity of phthisis in the Maremma. Dr. Rino, on the contrary, maintained, from observations made at the clinique of Pisa, that phthisis was common in marshy countries. These views were also supported by Dr. Turchetti, who asserted that in the marshy districts of Fucecchio and Bientina he had remarked the antagonism which was described by Dr. Salvagnoli as existing in the Maremma. Dr. Trompeo stated that he had great opportunities of observation in Piedmont, where malaria was kept up by the rice-grounds, and in Sardinia, where intermittents are extremely frequent and severe, and that in both these countries he had found phthisis very rare wherever intermittent fever was common.—*Bulletin of Medical Science*, 1844.

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3. *Rapid Death from Oxalic Acid.*—Dr. Ogilvy, of Coventry, has communicated to the Lancet a case of poisoning by oxalic acid, in which it is probable that death took place within *three minutes* after the poison had been swallowed. The sister of the deceased had been absent from the room about that period, and on her return found her dying. The quantity of poison taken could not be determined. The only other remarkable circumstance in the case was, that the coats of the stomach were so softened, that on an attempt being made to remove the organ, they were lacerated by the weight of the contents. This was probably a chemical action post-mortem. The intestines and left lobe of the liver were also found softened, as if by transudation. We believe this to be the most rapidly fatal case on record."

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4. *Discharge of ten Lumbrici through an Abscess in the Right Thigh.*–M. Combe narrates the following remarkable case:—A healthy married woman, aged 36, mother of four children, became attacked with severe pain in the abdomen, accompanied with an erysipelatous redness over the hypogastrium; she had also the symptoms of a catarrhal fever which was at that time epidemic. The pain and erysipelatous redness disappeared on the third day, but on the following morning a painful swelling presented itself in the right inguinal region, and was attended with redness occupying the whole front part of the thigh. The patient had shivering, vomiting of green matter, a small frequent pulse, red tongue, dark-colored urine, pain in the head, sleeplessness, and dilatation of the pupil. She complained of burning pain in the thigh, attended with a sensation as of some foreign body crawling about in the neighborhood of her groin. There was constipation from the commencement of the attack, the patient refusing to take purgatives. On the 12th day an abscess formed on the upper and inner part of the thigh, about four fingers' breadth below the fold of the groin; this was cov-

ered with a soft poultice, and shortly burst, discharging a large quantity of stercoraceous matter, having a most intolerable stench. Very shortly a whitish body presented itself at the opening of the abscess, which turned out to be a lumbricalis worm (*spulwurm*). Upon applying slight pressure to the abscess this creature was evacuated, and followed by nine others of the same kind; they measured from 12 to 27 centimètres (or from 5 to 10 inches) in length; they were alive, but very soon died. A purgative was now taken, and followed by a fæcal evacuation per anum, together with the discharge of a large lumbricalis by the same passage. In less than a month afterwards the patient was perfectly recovered. M. Combe considered that the presence of these worms excited intestinal inflammation, which led to perforation.—*Schmidt's Jahrbücher*, Heft 3."

5. "*On the Therapeutic Action of Arsenic.*—M. Boudin, senior physician to the Military Hospital at Versailles, made the following communication:—After having for a considerable period taken arsenic myself, and thus convinced myself of its safety in therapeutic doses, I, during the last five years, administered arsenic to 2947 patients of various ages, and obtained the most satisfactory results from its use, without the slightest inconvenience referable to the arsenic having occurred in any one case.

"Most of those patients were affected with marsh fevers of various types; upwards of 2000 of them had been previously treated with sulphate of quinine from one to ten times; and nearly 500 of the number had previously taken, without any benefit, more or less considerable quantities of sulphate of quinine.

"Those patients were not selected; arsenic was administered to all without distinction. Neither was the medicine given at any particular season, but I observed that it was necessary to exceed the mean dose in the summer. The medicine has further been administered in various latitudes, always on a large scale, and to patients from almost every part of the world—Senegal, Algiers, America, Syria, Italy, Corsica, the Delta of the Nile, the Rhone, &c. The result has been, that for five consecutive years, I have never had to administer sulphate of quinine in a single case.

"The duration of the treatment has been generally short; the fever has seldom resisted the first or the second dose of arsenic; relapses have been extremely rare—a circumstance which, however, I chiefly attribute to the febrifuge having been continued for eight or ten days after the cessation of the accesses.

"Comparative experiments have led me to reject all the arseniates, and employ arsenious acid exclusively. The solutions of Fowler and of Pearson take too long to prepare, and it is difficult—nay, even dangerous—to adjust their doses properly; I have therefore substituted for them a solution of one grain of arsenious acid in a pint of water.

"It is unnecessary to add opium to this solution; the great division of the medicine by the large quantity of vehicle, is the best guarantee against its irritating action. A fifth part of the above solution contains the *fifth* of a grain of arsenic, and is the medium dose. It should be administered three hours before the calculated period of the access of fever. If the antecedents of the case raise the presumption that the fever is obstinate, two other doses should be previously administered, with an interval of two hours between each. I, for a long time, gave at Marseilles as the mean dose of arsenious acid, one or two *hundredths* of a grain of arsenious acid, and this is the dose still administered by many physicians in the south of France, and especially by some of the professors at Montpellier. I now prefer the above mentioned dose of one-fifth of a grain. It has been objected to the use of arsenic that it is a poison! Three hundred years have elapsed since Paracelsus answered—'Arsenic cures because it is a poison.' Moreover, sulphate of quinine is also a poison, but nevertheless it is one of our most valuable medicines. 'But arsenic kills in a very small dose.' Be it so; but why give doses of it which kill, when it is easy to give it in quantities that cure? Besides, other medicines, as strychnine and corrosive sublimate, &c., kill in smaller doses than arsenic does; but where is the practitioner who dreams of not prescribing them? It has been said that arsenic causes, or tends to cause, visceral enlargements, &c. This fable may be excused in persons who have no

experience of its administration. It has been also objected that arsenic does not cure in every season of the year; but this is not the case unless it is administered always in one invariable dose, and above all, unless the practitioner neglects to treat decidedly, and at its commencement, those affections of the digestive organs which constitute one of the most frequent complications of ague. Finally, it is said that arsenic is useless, as quinine *always* effects a cure. It is needless to enter on a serious refutation of this mistake. Ramazzini, Baker, and J. P. Frank, have recorded epidemics which were quite refractory to bark—for example, those of 1680, 1781, and 1787. But even if bark did cure always, its high price places it beyond the reach of the poorer classes."—*Dub. Med. Press, Sept.* 24.

OBSTETRICS AND DISEASES OF FEMALES.

6. *Dr. Francis Adams* has published a very interesting letter on the "Nature and Treatment of Floodings after Delivery," in a recent Number of the London Medical Gazette, in which he sustains the following positions:

"1. That the doctrine generally taught, namely, that in floodings after delivery the blood escapes by exudation from the placental vessels of the uterus, is founded on a mistaken hypothesis regarding the construction of the placenta; while the symptoms of the case which were supposed to uphold the doctrine of uterine torpor, that is to say, the flaccidity of the womb when felt externally, and its distension and relaxation as discovered by the introduction of the hand, are to be regarded as the effects, and not the causes of the flow of blood.

"2. That all the phenomena of the case are satisfactorily accounted for upon the supposition that the hemorrhage proceeds from lesions which are proved to be of no uncommon occurrence, about the uterus and perinæum after delivery, but that analogy would lead to the conclusion that they sometimes proceed simply from violent action of the uterine exhalants.

"3. That there is no reason from analogy to suppose that blood would flow from an organ or member, merely because it is in a relaxed state, provided it had sustained no solution of continuity.

"4. That it has been demonstrably proved that contraction of the uterus is no safe-guard against flooding, and that flooding is not necessarily the consequence of non-contraction after delivery.

"5. That the facts and circumstances connected with the Cæsarean operation, and the removal of the placenta in inertia of the womb, militate strongly against the established opinion, that flooding is apt to arise from the non-contraction, or sudden emptying, of the womb.

"6. That, beyond all dispute, instrumental and precipitate deliveries are those in which floodings are of most frequent occurrence; and it is well ascertained that lacerations are common in both these cases.

"7. That the introduction of the hand into the uterus, with the intention of stimulating the organ, or of compressing the bleeding point, is a practice highly dangerous, tending to produce increased determination of blood to the part, syncope, and convulsions; and that the only circumstance which could justify the most gentle modification of this practice is the existence of a coagulum in the vagina or womb.

"8. That, agreeably to my own experience, laying the head low, exposing her to a current of cool air, applying cold cloths to the parts, with small doses of opium and gentle compression of the abdomen, are means which will rarely fail to arrest the flow of blood; but that in extreme cases it may be warrantable to try to ascertain the situation of the bleeding point, and secure it by surgical means.

"9. That, as far as can be ascertained, fatal results under this mild system of treatment in former ages were of much more unfrequent occurrence than they have been under the harsh mode of treatment pursued for some time past.

"Finally, that the flooding which follows delivery has none of the characters of a passive hemorrhage, as has been generally thought of late, but is to be referred

to the class of active hemorrhages, and treated upon the principles applicable to them."—*London Medical Gazette, Aug.*, 1845.

7. *Placenta Prævia.—Medical Society of London.*—Mr. Crisp inquired the experience and opinions of members in respect to the new practice in placental presentations, as advocated and practised by Drs. Radford, Simpson and others. He thought the evidence and statistics adduced on this point went to show the superiority of this over the old routine practice. In all the cases detailed, the hemorrhage ceased immediately after the removal of the placenta. He observed he should follow the practice recommended in the next case that came under his care.

Mr. Hadland considered the practice in question as a dangerous innovation. The established practice was the safest and best to follow. In placental presentation, turning the child was by no means difficult, nor was the proceeding of passing the hand by the side of, or through the centre of the placenta, according to circumstances, a frequently fatal proceeding. It was not prudent, in these cases, to wait for the unassisted efforts of nature for the expulsion of the child, as recommended by Drs. Radford and Simpson, after the entire removal of the placenta, as the uterus, of course, could not contract, under these circumstances, on the mouths of the open vessels.

Dr. Chowne said, that although the practice had been strongly advocated by persons whose opinions were of great weight in the profession, and although cases apparently calculated to prove the propriety of it had been cited, he had not been induced to change his own mode of proceeding in such cases, nor did he expect that the plan of treatment under discussion would supersede that which had for many years had the sanction of the profession. He considered it necessary to recollect that, under the one and same designation (placental presentation) ought to be included cases combining different sets of circumstances, each suggesting a different treatment; as, for example, the medical man might find the placenta detached and in the vagina, in which case he would at once promote the entire removal of it; or he might find the placenta so placed that part of it extends over the os uteri detached, the other part adhering; the labor pains may be vigorous and frequent, giving the assurance that the delivery would proceed favorably, and that the child, in its progress, would, by pressure, arrest the hemorrhage. Such cases not unfrequently occur, and the whole process of parturition proceeds as in ordinary cases, and ends well. In other cases, the placenta may be similarly placed, and hemorrhage be going on, but without pains. Such is a case in which the question of whether to adopt the plan of detaching and removing the placenta first, or whether to turn, would arise. He still considered that in such a case it would be proper to adopt the latter mode. It was true that many cases were detailed in which separating the placenta, and bringing it away, had been followed by the cessation of hemorrhage, and the safe delivery of the patient; but he did not think that the practice must be considered essentially proper and safe merely because the dangers to which it was liable had not occurred. He considered that the greatest degree of safety would be given to the mother by adopting that practice which would afford to the uterus the earliest possible opportunity of contracting, with the least possible disturbance of that portion of the placenta which remained undetached. Cautiously introducing the hand, and turning, he regarded as most likely to accomplish these objects. Of the success of that practice his own experience had afforded him entirely satisfactory proof, and he felt assured, that such practice, if not too long deferred, would in the aggregate be followed by the happiest results. He did not consider that in pursuing the opposite plan we could calculate upon there being anything in the mere separation of the placenta from the uterine surface, that would arrest the hemorrhage; that arrest must depend on the contraction of the uterus; and over the process of contraction we have, comparatively, no control. It is true, that labor having once commenced, it generally proceeds, and the desired contractions taking place, the vessels which had bled ceased to bleed, and all ends well. And, moreover, in many instances, a moderate degree of contraction will be enough to close the bleeding vessels. The cases that had been adduced in favor

of separating the placenta were, in most part, such as these, but it was not enough to inquire, whether a practice is correct with regard to any *one* of a series of events, without considering also what may be the some *other* or *others* of the series; removing the placenta, for instance, might have a successful issue, where labor in all other respects but that of the malposition of the placenta is healthy and prosperous, and may therefore seem to be the proper proceeding, but it is necessary to inquire, whether the same result would have followed had there been not one difficulty only, but two or more difficulties; as, for instance, a relaxed habit, deficiency of power, and absence of pains, when, after the removal of the placenta, the uterus does not act favorably, but is dilating and inactive? Under these circumstances, the removal of the placenta will have laid bare the orifices of more bleeding vessels, while the retention of the child in utero, and the absence of pains, would conspire to prevent that contraction on which the patient's safety depends. However true it may be that in ordinary cases of hemorrhage after the birth of the child, when the placenta remains and is adherent, cessation of hemorrhage generally follows removal and separation of the placenta, yet there are many exceptions to this rule. On the whole, Dr. Chowne, considering that to be the best practice which constituted the best safeguard in the event of unfavorable after-events, continued at present to prefer, as a general rule, when hemorrhage was proceeding, in cases such as those to which the discussion referred, the removal of the child from the uterus, leaving that organ free to contract, and to reduce itself to the utmost possible extent, with the least possible loss of time.

Mr. Dendy agreed in the main with the observations of Dr. Chowne, and thought the practice recommended by Drs. Simpson and Radford should not be followed. Turning was easy in cases of placental presentation, after the hand had been introduced on one side of or through the placenta. He related a case, however, in which, after passing his hand through the placenta, the head immediately descended, hemorrhage ceased, and delivery was easily effected.

Dr. G. Bird said, that the question of practice rested on two points. It appeared that after turning, according to the old plan, a very small per centage, indeed, of children, were born alive, and that in the new plan, as soon as the placenta was removed, hemorrhage ceased. If these facts were admitted, the new practice would be the best. He knew two very experienced accoucheurs who were in favor of the new mode of proceeding.

After a few words from other members the Society adjourned.—*London Med. Gaz., Oct.* 10.

PATHOLOGICAL, THERAPEUTICAL AND OPERATIVE SURGERY.

8. *Case of Gun-shot Wound terminating fatally.* (Reported by Dr. Potter of London.)—On the evening of the 20th of May, Mr. Seton received a gunshot wound across the lower part of the abdomen, the ball entering into the upper part of the right thigh, a little above and in front of the great trochanter of the femur, and passing out about the middle of the fold of the left groin. The hemorrhage was very rapid, and described as florid, issuing in a large stream and per saltum from both wounds, and as rising, when uncontrolled, in a jet to the height of two or three feet from the wound in the right hip. No surgeon being then present, attempts were made to arrest the hemorrhage by pressure over the wounds, and by the application of a ligature round the upper part of the right thigh. Ultimately the patient fainted, and the hemorrhage ceased; not, however, before apparently a large quantity of blood was lost.

When first seen by Mr. Jenkins, the patient appeared almost lifeless; but the bleeding had quite ceased, and stimulants gradually restored the circulation to a certain extent. The wounds were simply dressed, and warm applications, in the first instance, made use of as most soothing and grateful to the feeling of the patient. The following day the temperature of the surface became more natural, the pulse increasing in rapidity and somewhat in strength. The track of the ball was marked by an elevated ridge, from one opening to the other, and some

ecchymosis of the skin extended from this line over the lower part of the abdomen and scrotum. The patient suffered great pain in the groin and right lower limb generally, accompanied with a sensation of numbness of the front of the thigh, and partial loss of power over the muscles of that part of the limb. At a subsequent period, the application of iced water and bladders of ice to the right groin gave some relief.

In the course of the next few days little change occurred; but on the 27th (the seventh day after the receipt of the injury), the swelling over the track of the ball appeared more evident in the right groin, and was here observed, for the first time, to pulsate with each stroke of the heart. During the two following days this pulsation became gradually stronger, the swelling itself increasing in prominence and superficial extent; and though the increase was not very rapid, yet it appeared greater on the 29th than during an equal period of time on the 28th. The patient did not experience any rigors.

On the evening of the 30th of May the case was first seen by Mr. Liston, and the question as to the necessity for surgical interference (already suggested) came to be discussed. The state of the case was then as follows:

The patient had all the appearance of a person who had lost a considerable quantity of blood, his skin being blanched and waxy, and his pulse rather quick and feeble. Although he suffered at times severe pain in the limb, there was no marked expression of anxiety in his countenance; his manner was calm and composed; and as he kept perfectly quiet in bed, he felt his strength improving, and seemed hopeful as to the final result. On examining the wounds, that on the right hip (the opening of entrance) was found circular, filled with a dry, depressed slough, and having a narrow, faint blush of redness round its margin. In the left groin the opening of exit of the ball was marked by a jagged slit, already partly closed by a thin cicatrix. There was extensive mottled purple discoloration (ecchymosis) of the skin in both groins, and over the pubes, scrotum, and upper part of the right thigh.

In the right groin was found a large, oval, visibly pulsating tumor, its long diameter extending transversely from about an inch and a half on the inner side of the anterior superior spinous process of the ilium to about opposite the linea alba, and its lower margin projecting slightly over Poupart's ligament into the upper and inner part of the thigh. On handling this tumor, it appeared elastic but firm, very slightly tender, and not capable of any perceptible diminution in bulk by gradual and continued pressure. The pulsation was distinct at all parts of the swelling, and was equally evident whether the fingers were pressed directly backwards, or whether they were placed at its upper and lower margins, and pressed towards the base of the tumor, in a direction traversing to its long axis, the parts being for the time relaxed.

The femoral artery was slightly covered by the swelling, and the pulsations of that vessel were with some difficulty distinguished in the upper third of the thigh, below the margin of the tumor. This appeared to depend partly on the natural obesity of the patient, and partly on a considerable degree of general swelling of the thigh. No pressure on the femoral artery or over the abdominal aorta arrested the pulsation in the tumor, and pressure in the former situation was attended with severe pain.

In the left groin, just above the opening of exit, was another smaller swelling, quite unconnected with, and of a very different character from, the principal tumor. The skin over the smaller swelling was red, very tender, slightly pitting on pressure, hard round the margin, but yielding more in the centre, and even indistinctly fluctuating. The right testicle was enlarged to three or four times its natural size, extremely hard, and somewhat tender.

Diagnosis.—From the examination of the parts, it was inferred in the first place, that the tumor was formed of extravasated blood confined under the cellular tissue and fascia of the groin; and secondly, that its pulsation was owing, not to motion transmitted from the femoral artery (beneath its outer margin), but to an open and direct communication between a wounded artery and the fluid or semi-fluid contents of the tumor; in short, that the case was one of circumscribed false aneurism.

Beyond this the diagnosis was unsatisfactory, owing to the difficulty in estimating the thickness of the superficial layer of fat in the abdomen and thigh, and consequently in determining the precise course of the ball through the soft parts. With regard to the probable course of the ball and the artery wounded, it was supposed, from the general direction of the discolored track and the relative position of the two openings, that the bullet had passed through the tensor vaginæ femoris and behind the sartorius, perhaps wounding or bruising the anterior crural nerve, and dividing some branches of the external circumflex artery; that it had then passed in front of the common femoral artery (close to its commencement from the external iliac), either slightly wounding the main vessel, or dividing one of its branches near its origin; and lastly, that it had wounded or bruised the right spermatic cord, and run over the pubes to the opening of exit.

Prognosis.—As the blood appeared fluid, the tumor pulsated very forcibly, and the strength of the circulation was gradually being restored, it was thought probable that the effusion, if left to itself, would continue to increase, as it had since its first appearance; that when the sloughs should separate from the external wound, or wounds, renewed hemorrhage might occur, and would, in that case, and in the present weakened state of the patient, in all probability prove fatal; that even supposing no external bleeding to occur, as the extravasation was only limited by the superficial membranous structures of the abdomen, an additional quantity of blood might be poured out at any moment (from slight motion of the part, or any unusual exertion), and spread itself upwards, and laterally, like urine effused from ruptured urethra; and lastly, that, in either case, the effused blood would, to all purposes, be lost to the system, and the patient, weakened by its loss, would have to bear up against profuse suppuration, after the closure of the injured vessel by ligature or otherwise.

Mr. Liston having been summoned from London, decided on applying a ligature to the external iliac artery, which was done as follows:

The patient having been placed on a table in a good light, an incision was made through the skin, commencing just above Poupart's ligament, rather nearer its outer than its inner termination, and continued upwards and a little outwards. A layer of from one and a half to two inches of subcutaneous fat, and the external oblique muscle, having been cut through by successive strokes of the scalpel, another thick layer of yellow lobular fat projected into the incision, hiding completely the internal oblique muscle, and looking at first somewhat like the omentum. This layer of fat, the internal oblique and the transversalis muscles were then cut through cautiously, and to a limited extent, until the thin transversalis fascia just appeared. This was readily torn through, and the finger being introduced beneath, it was lastly divided to the full extent of the external incision by means of a curved probe-ended bistoury carried along the finger as on a director. The sub-peritoneal cellular membrane thus exposed, proved to be so loaded with adipose tissue, and consequently so firm and solid, that it was easily separated from the face of the fascia iliaca; and for the same reason, the peritoneum and intestines were more readily and completely held aside than is usual in this operation. At the bottom of the deep wound thus formed were seen, first, the iliacus muscle under the fascia, and then the psoas and the genito-crural nerve; but at first nothing was visible of the external iliac artery, nor could it be felt in its usual situation, close against the margin of the psoas. The fact was, that the vessel, adhering more closely to the subperitoneal cellular tissue than to the other parts, was drawn with it slightly out of its course; and turning the ball of the finger inwards towards the cavity, instead of towards the brim of the pelvis, its pulsations were felt distinctly. The external iliac was now a little more exposed, a common aneurism needle passed under it, and a strong twisted silk ligature carried round; but before this was tied, it was ascertained that when the vessel was pressed against the curve of the needle, the pulsation in the tumor was completely arrested.

The operation being completed, the wound was brought together by four points of interrupted suture and strips of isinglass plaster. The right foot, leg, and thigh, were enveloped in lamb's-wool and flannel, and the limb elevated on

an inclined plane of pillows, so as to favor the return of blood as much as possible, and prevent venous congestion.

The patient died June 2d, about twelve days after the accident. It was found on dissection that the ball passed altogether in the subcutaneous fat; that it did not pierce the fascia lata; and that the only vessel wounded, and forming the false aneurism, was a superficial branch of the femoral artery. This vessel was divided close under Poupart's ligament, and nearly an inch from the main trunk, its divided extremity being perfectly open. The blood effused and forming the main tumor was coagulated (forty-three hours after death). There were several pints of sero-purulent fluid in the cavity of the peritoneum, and several "patches of inflammation" on parts of that membrance covering the large and small intestines, and the parietes of the abdomen near the wound made for the application of the ligature. This wound had a sloughy appearance, and was filled with a thin purulent discharge. The artery had been tied about the middle of its course, and was but little separated from surrounding parts. There was no coagulum in it, either above or below the ligature. The vein was sound and healthy. There was a small abscess in the left groin, in the situation of the smaller swelling already mentioned, and there was a collection of blood in the cavity of the tunica vaginalis. The cord was not divided, but blood was extravasated in patches along its course.

Upon the foregoing, the editor of the *Lancet* observes:

Our readers will find a very able and interesting account, by Mr. Phillips Potter, the surgeon who accompanied and assisted Mr. Liston—of the important catastrophe at Gosport, that has lately so much occupied the public attention. Gunshot wounds nearly always present great interest, from the endless variety which they offer; but that which the late Mr. Seton received possesses peculiar claims to the notice of the surgeon, owing to the unparalleled nature of the lesion, and to the great difficulty of the treatment; it therefore well deserves to be put on record. The plain unvarnished narrative of Mr. Potter places in a very prominent and favorable light the surgical skill of Mr. Liston. Severe as was the operation which he performed, yet it was evidently the only available resource. The subcutaneous hemorrhage had increased to a great extent within the preceding twenty-four hours, and was still increasing. Pressure was totally inapplicable, the nature of the injury not admitting of its being resorted to; indeed, the ligature of the main arterial trunk above the lesion was the only chance for the patient. Amongst the surgeons in attendance there was no difference of opinion relative to the treatment to be adopted, and the operation, which had become imperatively requisite, was executed by Mr. Liston with his characteristic ability.—*Dub. Med. Press, July* 2, 1845.

MISCELLANEA.

9. "*The Potato Disease.*—Mr. Erasmus Wilson writes to the editor of the Times to announce that the real cause of the destructive changes at present taking place, appears to be the unripeness of the tuber, and the consequent imperfection in the elaboration of its juices. When examined with the microscope, the substance of the potato is found to be not more than one-half filled with starch-cells, many of which are incomplete, the remaining portion of the cell being occupied by water. Hence the actual condition of the potato may be stated as follows:—First, deficiency of starch; second, imperfection in the tissue of the cell-walls; and, third, excess of water, to which may possibly be added, imperfectly elaborated starch. As a consequence of the imperfection of the tissue of the cell-walls, and its state of maceration in a superabundance of water, it falls speedily into decay, the change beginning at the surface and proceeding inwards, and being indicated by a brown discoloration of the cells. The starch-cells, which are at first unaffected, are soon enclosed in the decayed cellular tissue, and becoming involved in the decay, are thereby destroyed.

"Mr. Herapath has recommended that the potato should be reduced to pulp, and the starch extracted by the usual process of washing. We agree with Mr. Wilson in thinking that, according to this plan, *le jeu ne vaut pas la chandelle.* The process which he himself recommends for the preservation of the nutritious matter is simple and practical; to dry the potatoes in an oven or kiln at a moderate temperature, and thus drive off the excess of water which they contain, the water being a chief agent in the decomposing process. This method of drying the pulp of the potato, so as to render it fit for food in all climates and capable of preservation, was some years since the subject of a patent in this country. The dried pulp is a hard translucent substance of a yellowish color and inodorous, until placed in warm water, when it swells up and acquires the usual smell and other properties of the potato. If the dried pulp be just covered with boiling water, this is entirely absorbed, and in a few minutes the vegetable is rendered fit for food. We can answer from personal experience that the potato pulp thus treated, is almost as palatable, and quite as well adapted for domestic use, as the recent tuber. We believe that a large quantity of this dried pulp of the potato was used in the late unfortunate Niger expedition: and to those going long sea-voyages, it is invaluable.

"From what we have heard we are inclined to believe that the extent to which the destruction of the potato prevails, has been exaggerated. It has been attributed to the excessive use of guano and other animal manures, but this theory has originated with those who are anxious to find an immediate cause for every unusual occurrence. We have been credibly informed that the destruction has equally gone on in crops where no guano or other stimulating animal manures had been used. Indeed, the prevalence of the 'blight,' as it is termed, in Germany, Belgium, England, and it is now said in Ireland, points to some very general cause; *i. e.*, the long absence of sunshine, with a very low temperature and abundance of humidity during the greater part of the summer. In a communication to a late number of the Pharmaceutical Journal, Dr. A. Ure states that, in his opinion, the disease may be ascribed to some electrical influence; for he found the roots of a portion of one row sound, while those of a contiguous one, in the same circumstances, were diseased. According to this gentleman, 100 parts of the damaged potatoes lose 77 to 78 per cent. (water) by being dried in a gentle steam heat;—whereas 100 parts of sound potatoes lose only 75 parts upon an average, yielding 25 per cent. of solid matter, the greater part of which is starch. Dr. Ure states that the damaged potatoes, after being boiled in an abundance of water, and well drained, have been found to fatten pigs very well, and to cause no indisposition in these animals."—*Lond. Med. Gaz., Oct.*, 1845.

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10. *African Fever.*—"In our last number we referred to the arrival of a vessel from the coast of Africa, having on board a disease represented to be the African fever, which had caused great mortality among the crew. No less than fifty-six persons had died, including the two medical officers.* We expressed no doubt that immediate relief would be afforded by Government to the survivors, who were thus left in a most helpless condition; but it appears that the excessive fear of contagion, caused the strictest quarantine to be observed, and in the first instance the plan adopted by the Lord Mayor and Aldermen in the great plague of London, in 1665, was enforced, *i. e.*, the healthy were compelled to remain shut up with the diseased. We confess we were hardly prepared for this mode of dealing with a fever-stricken ship in the nineteenth century; for even admitting the contagious nature of the malady, methods would have easily suggested themselves for immediately separating the diseased from the healthy, and removing the whole of the survivors from the pestilential atmosphere in which they were confined.†

* The total number of deaths up to the present time (Oct. 8), out of a crew of 146, is 66, including three persons who have died within the present month.—*Report.*

† The delay in adopting measures of isolation was, we understand, occasioned by the absence from town of the chief Quarantine Officer, at the time the intelligence was received. It is to be regretted that there is not a medical officer at all our great naval stations empowered to act *immediately* in such emergencies.

"We have probably never before had the African fever brought so near to our coasts as in this instance; and it may be worth while, therefore, to inquire into a few circumstances connected with it. The most accurate observations which have been made on this formidable malady, are those of Dr. M'William and Dr. Pritchett, who accompanied the late Niger expedition. From the account given by Dr. M'William, we learn that all who composed the expedition were exposed to the same influences, and nearly all were attacked with the fever. Two only of the four medical officers who died, had been in attendance on fever patients! Dr. Pritchett, Mr. Thomson, Mr. Stirling, and Dr. Stanger, were among the few who escaped being seized with fever, although they were in constant intercourse with the sick, and Dr. M'William himself was the last person in the Albert who was attacked. The nurses on board this vessel were among the latest taken ill, and one escaped altogether. In short, there was no fact which came under the observation of this experienced medical officer, which afforded the slightest evidence that the disease was communicated from one person to another.

"These facts appear to show clearly that the malady must have owed its diffusion to endemic influence, and not to contagion. It is well known that in the equipment of these vessels special provisions were made not only for ensuring a free circulation of air below decks, but also as far as possible for purifying it or of depriving it of noxious matters. There is, however, good reason to believe, from the fatal progress of the disease, that these had no influence in counteracting the effects of the endemic poison. We learn from Dr. M'William's account, that some circumstances were actually favorable to the propagation of fever by contagion:—the upper deck was much lumbered, in a degree to prevent the free circulation of the air; and the same cause prevented it from being thoroughly cleaned. In the decks below, many men were necessarily crowded together in sleeping, under a very high temperature; for the thermometer was seldom below 84°. The steam apparatus created an unavoidable source of heat, which was constantly being diffused throughout the vessel by the active conducting powers of the metal (iron) of which she was composed. It might be supposed that this would rather lead to the cooling of the vessel by its immersion in water; but the water of the river was seldom below 83°! Under these circumstances, we think it pretty evident that had the fever been contagious, some proofs of its possessing this character would have been most probably obtained. There can, however, be no doubt that the great mortality which attended the disease was in great part to be ascribed to the vital energies of the men becoming reduced by these depressing influences.

"In the absence of any medical history of the progress of the malady on board the recently arrived vessel, it is out of our power to form a conjecture, whether the deaths on the homeward voyage, and those which have taken place off Portsmouth, were due to the African fever or its sequelæ. If to the former, the disease may, like the worst form of typhus fever, have acquired a contagious character from confinement, want of ventilation, or proper medical or hygienic treatment, an evil which was only likely to be increased by the plan pursued under the quarantine laws, at the first arrival of the ship. The remedy would have been to have isolated the affected, and placed them at once under medical treatment, whereby all danger of the diffusion of the disease would have been prevented.* It does not appear probable, however, that the genuine African fever would have lain so long latent; the facts observed in the Niger Expedition show that the period of latency is about from 16 to 21 days; and it may turn out, therefore, that instead of fresh cases of the fever occurring on board this ill-fated ship during the latter part of the voyage, they may have been merely sequences of the malady aggravated in their effects by the unhealthy state of the vessel.

"It has been long known that those who recover from this disease are liable to suffer from lesions of the mucous membranes of the bowels, which are caused by the fever. Hemorrhage, hæmatemesis, and dysentery, have supervened long

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* This plan, it appears, was immediately adopted by the Portuguese governor of the island of Buena Vista.

after the fever has passed away, and have destroyed life. Within a short period, all these matters will have been cleared up to the satisfaction of the public and profession; since Sir William Pym, Superintendent-General of Quarantine, and Mr. Arnott, of the Middlesex Hospital, have been appointed to investigate the matter; and their report, which we hope to present to our readers, is, we understand, more favorable than the intelligence already received would have led us to anticipate.

"This does not, however, remove the objections to our quarantine regulations, which loudly call for some modification. We are not prepared to say, after the sad experience of the pestilential cholera, that fearful maladies derived from endemic causes in one quarter of the globe, may not diffuse themselves by a property strongly analogous to, if not identical with, contagion; but we believe it to be not only a selfish but a dangerous policy to shut up the diseased under such circumstances. The poison is only likely to acquire thereby a more virulent action; and, like the jail-fever at the Black Assizes, cut off all who come within its sphere. Moral causes, it is well known, have an inportant influence in bringing on an attack, so that the locking up the healthy with the affected for the period required by the quarantine laws, is virtually consigning the former to destruction.

"We have made these remarks, as the subject is of present interest. The history of the African fever, as given by Dr. M'William, shows it to be a disease most insidious in its attacks, most fatal in its progress, and at present apparently beyond the reach of medical treatment.* The bare possibility of so fearful a malady becoming imported into this country, and spreading itself by contagion, is therefore a subject which deserves the close attention of the medical profession."

"[The above remarks were made before we had seen the Report to the Admiralty by Sir W. Pym and Mr. Arnott, which is elsewhere printed.† We are glad to find that energetic measures have been taken, and that, on the arrival of the Eclair at Standgate Creek, such precautions were adopted as prudence would suggest. Those who had escaped from an attack of the fever (41) were removed to a clean vessel, and the convalescents to another. At present, there are only two men confined to bed with the fever, but no fresh case has occurred since the 29th ultimo. The report, we think, leaves it clear that the fever has, in this instance certainly, spread by contagion. In the report, we have no detailed account of the symptoms; but it is expressly stated that the disease was marked by the occurrence of "black vomit," the first fatal case being that of a man who was brought on board after having been three days on shore. Soon afterwards, eighteen persons were attacked with fever and black vomit, and thirteen died! The disease may therefore be some severe modification of the coast fever; for Dr. M'William expressly states that 'in no case of the river fever was there the slightest appearance of "black vomit." Bilious vomiting was common in the early stage of the disease.'‡ We shall take care to report any facts that may further transpire with respect to the disease. In the meantime, there is every reason to believe, as the report states, that its progress is arrested.]"—*Lond. Med. Gaz., Oct.* 10.

11. *Hygiene in Great Britain.*—The following are the results of facts laid before the "Commissioners for inquiring into the state of large towns and populous districts"—appointed by the British Parliament, as contained in their

* The results of the late Niger expedition were, that out of 145 whites, 130 were attacked with fever, and 40 died: or 1 in 3·25 of the attacked. Only 15 persons escaped the fever; but some of them afterwards suffered from disorders which were probably brought on by the voyage. In a second attempt to ascend the river by one steamer—out of 8 white persons, 7 were attacked, and 2 died. It is remarkable as an indication of an acclimatizing influence, that out of 158 blacks, only 11 were attacked with fever, and not one died. It seems also that the blacks, or Kroomen, in the case of the Eclair, have entirely escaped the fever.

† Page 1043.

‡ Medical History of the Expedition to the Niger, during the years 1841-2, p. 139.

first report. When will our city authorities enter upon a similar investigation, with a view to the adoption of such sanitary regulations, as reason and experience would seem to point out.

1. That the districts inhabited by the poorer classes are badly drained and badly cleansed.
2. That in the houses of the poor, there is a general want of all the conveniences which conduce to cleanliness and decency: viz., supplies of water, proper privies, and house drains.
3. That the rooms inhabited by the poor are over-crowded and ill-ventilated.
4. That the shops and workshops of the metropolis are also very imperfectly ventilated.

The consequences of this unwholesome state of the streets and dwellings of the poor, and of the shops and workshops of the metropolis, are,

1. An excessive prevalence of fever, and of the whole class of epidemic diseases; of scrofulous affections; and of pulmonary consumption: and, as a natural result, a very high mortality.
2. A heavy annual expense entailed upon the community in the shape of large contributions to hospitals and dispensaries and the general charities of the metropolis, and of increased assessments to the poor's rates.
3. Great pecuniary embarrassments among the poor themselves, arising from loss of work, or the expenses attendant upon the sickness or death of wives or children.
4. The sacrifice of self-respect, and the formation of habits unfavorable to morality and religion, among which the vice of intoxication holds a prominent place.
5. The over-crowding and the intermixture of persons of both sexes and of all ages in small and confined rooms, lead to the most revolting crimes.

The remedies for these evils are so simple as to be almost self-evident. They are:—

1. An efficient system of drainage, combining well constructed sewers with a proper supply of water, for the prompt removal of their more solid contents.
2. Water closets and house drains, communicating with the sewers.
3. An ample supply of water laid on to every room or flat of every house.
4. A free ventilation of shops, workshops, and dwellings.
5. The building of new houses for the poor, combining all these advantages, and the improvement, to the utmost possible degree, of existing houses.—*Medical Times, March* 8.

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American Intelligence and Editorial.

National Medical Convention.—It is now certain that the National Medical Convention, proposed by the Medical Society of the State of New York, which is to assemble in this city in May next, will be very fully represented by delegates from the different schools and colleges, and State and County Medical Societies in different sections of the Union. We expect that great good will result from the measures adopted by this Convention, and from the National Society, which we trust will grow out of it; the questions which will then come up for discussion, as connected with medical legislation, medical education, and medical ethics, will be of paramount importance, and we shall take measures to have the proceedings fully reported for our Journal. Would it not be well for our city and county Medical Society to take some action on the subject, as the convention is to be held in this city? We trust a place of meeting may be provided, and such other preparations made, and civilities proffered, as may seem appropriate to the occasion.

We invite particular attention to the following very just remarks from the gentleman who originated the plan of a Convention, as recommended by the State Medical Society:—

Mr. Editor,—In the last number of the *New York Journal of Medicine, and the Collateral Sciences*, you kindly published a letter of mine containing a brief notice of some of the defects of our present system of medical education. When that was written I intended to prepare a more detailed account of what I deem the appropriate remedies, in time for publication in your January number. But other imperious demands on my time have prevented. Still permit me to make a few hasty observations. In regard to remedies for the present defects in our system of education, first of all, and at the foundation of all, we place *more care* on the part of individual practitioners concerning the *capacity* and *qualifications* of young men whom they receive into their offices as students; and then *more attention* to their education after they are received. No one can have failed to notice the almost total neglect everywhere apparent in this respect. Whoever takes a notion to study medicine; no matter if his primary education should not enable him to write his own name intelligibly, much less to understand a single branch of Natural Science, and his intellectual faculties naturally as dull as the sleepiest drone in the country; he is readily received into some office, shown a scantily filled case of Medical Text-books, and left to while away the time required by law before he can be honored with the title of Doctor. This is a great and all-pervading evil; and it is vain to exert ourselves to elevate the standard of education, until it is removed. For so long as the mill is supplied with bad grain, it will grind out only bad flour. It is from the offices of the private individual physicians that all our colleges and

boards for examining students, are supplied; and certainly if no care is exercised in first selecting and subsequently training students by them, with which to supply the colleges, it will be utterly in vain to look for a well-qualified body of practitioners to emanate from those institutions. There was a time, when it was considered quite an important matter for a young man to become a student in the office of a physician.

In the first place, a respectable fee was required; secondly, a good English education, at least, was indispensable; and lastly, when once admitted into the office, his studies and training were the subject of unremitting care on the part of the preceptor. And not only so, but in the later periods of his studentship he was converted into a kind of assistant, ever at his preceptor's elbow to make up prescriptions, attend on the sick, and as far as possible to enter on the active duties of his future profession. In this way he acquired not only studious habits, and much knowledge, but also considerable practical experience. Thence, with the aid of colleges presenting advantages far inferior to those of the present day, the students of that period became almost uniformly learned and honorable practitioners. And not a few of those educated at that period, with their heads silvered over with age, possess a degree of mental discipline and sound learning, which should put to the blush thousands of the graduates who now yearly emanate from our numerous well-endowed schools of medicine. And if a National Medical Convention should do no more than to thoroughly discuss this one subject, and publish to their professional brethren a sound and stirring appeal to aid in removing the evil, it would well repay all the time and money spent in attending it. The truth is, we must require of young men a more extensive and thorough primary education; and then far greater importance must be attached to the business of private teaching in medicine. These two things done, and we have laid a sound and permanent basis for such a reform in medical education as is ardently desired by every enlightened member of the profession. Indeed, it is our opinion, that the medical profession will never be elevated to that position which it ought to occupy, until the student, during his private pupilage, instead of spending all his time in a *mere* and almost unassisted reading of text-books, actually engages with scalpel in hand, in a patient practical study of anatomy and physiology, both human and comparative; chemistry in the laboratory; materia medica and medical botany in the fields and the forests; and clinical practice by the bed-side of his preceptor's patients. In doing this, he will not only lay the foundation for a comprehensive and thorough medical education, but he will acquire that degree of mental discipline and love of study, which will make an enlightened and ardent cultivator of science through life.

Let it not be objected here that we are requiring the work of a medical college to be done in the office of the private preceptor, and that we are therefore to dispense with these institutions. By no means; for we are only advocating such a course as will prepare the student to profit most fully during the short period of his collegiate attendance. Indeed, there is a very prevalent and fatal error abroad in regard to the relative positions of the preceptor's office and the medical college. The former is regarded too much as a mere library-room, in which to while away eight months of the year in a desultory reading of books, while the four months in the latter is looked to as the principal time for acquiring a practical knowledge of the various branches of Medical

Science. Whereas, the long season of private pupilage should be the time for minute, patient, and strictly practical detail in every branch; while the well-endowed school, with its extensive apparatus, splendid museums, and pathological specimens, should serve the part of a close and systematic *review*, calculated to correct, extend, fix, and polish all that had been acquired before. It may be objected again that very few private preceptors could afford to procure subjects for dissection, and a miniature chemical apparatus, &c., for only one, two or three students. That is very true if he receives them into his office without fee or reward, and gives them a corresponding share of his attention, which would be none at all.

But as we have already said, let the business of private teaching receive that attention which its intrinsic importance demands, let every student be required to pay a reasonable annual fee to his preceptor, and that fee will defray all the necessary expenses. Not only is such a course imperiously demanded by the interests of the pupil, but its effects would be equally beneficial on the preceptor himself. Indeed, such a course with the private student, would necessarily lead to constant and persevering investigations by the preceptors, embracing the great body of practitioners in the country. Thence this reform alone would do much to enlighten and elevate the whole mass of the profession; and we hope it will engage a due share of the attention of the coming National Convention. We cordially agree also with the views of Dr. Ticknor, as given in the November number of your Journal, in regard to the formation of a Permanent National Medical Society. We believe such a society would not only be able to render valuable aid in elevating and nationalizing (if we may use the term) the whole profession, but it would serve to awaken and sustain a laudable ambition in the minds of hundreds who are scattered over the country, and now never heard from.

There are several other points connected with our profession which must occupy the attention of the Convention, and which we will notice at a future time. The fact that a National Convention will be held next May, and numerously attended, we no longer regard as doubtful.

N. S. D.

Binghamton, December 6th, 1845.

Clinical Reports.—We have been asked why we do not report the Medical and Surgical Practice of the Hospital and other public institutions, and the cliniques of our Medical Schools, in our Journal, and thus add to its practical utility. In reply, we have only to refer our readers to the past Numbers of the Journal, for proof that our pages are not destitute of such kind of matter. The attending physicians and surgeons of the New York Hospital are among the ablest and most valuable contributors to our Journal, and scarcely a case of importance occurs in that institution, but what is recorded in our pages. They, as well as we, have aimed to give our readers the compressed results of their experience, rather than long cases, spun out interminably with diurnal details, and containing only facts that everybody knows. Such clinical reports are not read, either by old or young; they, in fact, disgust rather than attract. We do not aim to make a journal for neophytes and children, yet in their leading-strings and go-carts, but for *men;* for those who know the proper treatment of ordinary diseases, and do not wish to have their brains

flooded with rivulets of common-place matter. Those who wish for such kind of reading, can be easily accommodated elsewhere. We have no objection to publish select cases, where they serve to illustrate some important principle in physiology or pathology; indeed, we are always glad to get such cases. But what we aim chiefly to do, is to lay before the profession valuable *general results*, deduced from experience, but sparing our readers the trouble of wading through bushels of chaff to get at a kernel of wheat. A good Medical Journal is a vast labor-saving machine, not a drag-net, which scoops up all sorts of material, good, bad and indifferent.

On this subject of clinical reports, we had supposed there could be at present but one opinion, as there is but one practice, now pursued by the leading Medical Journals of the age. Dr. Johnson attempted to give detailed reports of hospital cases in the Medico-Chirurgical Review, and offered prizes, as did some of the other British Medical Periodicals, for the best reports of the kind; but he soon found they were not read; were in fact regarded as so much useless lumber, and he was very glad to drop them, lest his subscribers should drop him. There is wisdom, if not deep philosophy in that fable of Master Æsop, that tells us of the fox that lost his tail, &c.

Dr. Bell, of Philadelphia, has the following remarks on this subject in the last Number of his excellent periodical, "The Bulletin of Medical Science." "Good clinical reports are, we need not say, of great value; but of late, the good quality of the thing is in the inverse ratio of its abundance, and too often the merest common phrases, slip-slop narrative and twaddle, are inflicted on us in the shape of clinical reports and clinical lectures; or, if there have been some good points and leading truths to start with, they have become so hammered out by iteration, as to no longer serve a useful purpose."

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Effects of Lightning.—Our readers will doubtless recollect a remarkable paper, published in a former number of our Journal, entitled "extraordinary effects of a stroke of lightning," by John LeConte, M.D., of Savannah, Georgia. In a recent letter from the distinguished writer, we have the following additional particulars, in relation to some of the cases there mentioned:—

"*Savannah, Dec. 4th*, 1845.

"Dr. Lee,

"My Dear Sir,—Thinking that you might be interested in hearing something further concerning the history of the cases which formed the subject of my paper on the 'effects of lightning,' which was honored with a place in the 'New York Journal of Medicine, and the Collateral Sciences,' for Nov., 1844; I have concluded to avail myself of the privileges of a correspondent.

"You will recollect, that only *two* out of the *five* negroes who were struck down, survived the shock, viz. cases four and five. Charlotte (case 4), up to the time she was struck by the lightning, had never been *pregnant*, although she was then past 29 years of age. The electricity seems to have produced a remarkable impression upon her *uterine* functions, causing a manifest derangement of the catamenial flux, as already noticed in my previous details of the case. During the early part of the last summer, she became *pregnant* for the first time in her life, and will shortly be confined!! She has been married about ten years. It is impossible to determine whether the establishment of the reproductive functions in this case, is in any manner connected with the powerful shock sustained

by her nervous system; but, perhaps, the fact is not unworthy of note, when taken in connection with the extraordinary impression which was made upon the uterine functions in both of the survivors.

"Sarah (case five), the woman past 70 years of age, in whom menstruation was re-established after twenty years' cessation—still continues to menstruate with *perfect regularity* up to the present time, more than two years and five months since she was struck by lightning!! Her health still continues very good.

"Since my last communication to your Journal, on the 'seat of volition in the alligator,' I have had an opportunity of repeating the experiments on a *very young* animal. On the first of November, with the assistance of my brother, Dr. Joseph Le Conte, the same experiments were instituted on an alligator about twelve inches long. We were greatly surprised to find that it did *not* exhibit the same determinate movements after decapitation as were manifested in the former experiments, and as we had *repeatedly* observed in larger specimens. The trunk of the animal writhed under the application of irritants, but he was unable to direct his limb to the offending object. At first sight, these last experiments may seem to contradict those contained in my paper; but a little reflection will convince us that, so far from invalidating them, they afford the *strongest possible confirmation* of the correctness of my deductions. The decapitated young alligator but a few weeks out of the egg, is in a condition analogous to the new-born infant, so far as the manifestations of voluntary powers are concerned. The infant *feels* pain and manifests symptoms of suffering, but is unable to direct his hand to the spot, because he has not been taught the proper use of the necessary muscles by *experience*. For the same reason, the very young reptile, after decapitation, could not direct his limb to the point of irritation, although he appeared to be conscious of an unpleasant *sensation*. Experience had not yet *taught* him how to use his extremities as it had done in the older animal. Indeed, I am disposed to regard the phenomenon of the absence of determinate motions in the *very young* animal, as an '*experimentum crucis*' in *favor* of the strictly *volitional* character of the movements manifested in the *older* reptile. If the motions in such decapitated animals are purely reflex; if they necessarily result from certain *physical* conditions of the nervous system; then, they should exhibit the *same characters* in the young and the old animal. That which can be *taught* by *experience*, can scarcely be imagined to be anything else than an internal self-dependent principle; in other words, *mind*. When the alligator is above two feet in length, I have never failed in eliciting determinate movements after decapitation."

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Mr. Goulding's New Truss.—We have examined with much satisfaction, a new Truss, invented and patented by W. R. Goulding, the celebrated *Surgeons' Instrument Maker*, 57 Chatham street, which seems to us the *ne plus ultra* in the line of mechanical contrivances for the relief and cure of the different forms of hernia. Having been furnished with a cut we are able to give a very accurate description of the same, for the benefit of all who have occasion to recommend or employ such an instrument:—

Mr. G. makes use of the ordinary bell or cushion for the back, and steel strap or common main truss spring: his improvement being confined to the front pad, and the means of graduating its pressure, particularly of increasing or diminishing the pressure inward and upward at the inferior region of the rupture, without at the same time affecting the pressure on the opposite or upper portion. Instead of attaching the main spring directly to the ordinary plate or back of the pad, he connects it by a screw and socket KK, Figure 3, to a separate back marked AA, Figures 2, 3, and 5. This back is made of sheet metal stamped into a hollow form with the view of combining lightness and stiffness. It is of the same dimensions as the plate B, Figures 2, 3, and 6, to which the

pad is attached. AA is fitted with the concave side downwards to B, as shown at figures 2 and 3. Both are connected at one extremity by a loose rivet C, figures 2, 3, and 5, which serves the purpose of a hinge, allowing them to open to a sufficient extent, somewhat like the shells of an oyster.

As the truss spring is permanently fixed to the back AA, both remain relatively at rest; it therefore follows that the plate B, if moved at all, must move on the rivet as on a centre. The end B, the lower part of the pad (when in use), will therefore describe a portion of a circle whose radius extends from B to the rivet, and consequently press the protruding viscera over which it may be placed, upward and inwards, in proportion as B recedes from A, while that part adjoining the rivet will hardly be affected at all.

To impart the requisite movement to the plate BB, and its pad, Mr. G. introduces the screw S, figure 3, through AA, at O. The head of S is milled so as to be readily turned by the wearer of the truss with the finger and the thumb. The part that works in AA has no thread cut on it. A collar, E, on one side, and another, E, slipped over the thread and secured by a pin on the other, prevents it from rising or descending through AA, but permits it freely to turn in the opening. To receive the threaded part of this screw, a hole, S, is drilled and tapped immediately opposite to it in a stud on the plate B, so that by turning the screw S, the plate and pad stitched to it, are made to approach towards or recede from A.

It is however evident that the parallelism of the male and female screws S and S could not be preserved, as the space between the plate

Fig. 1.

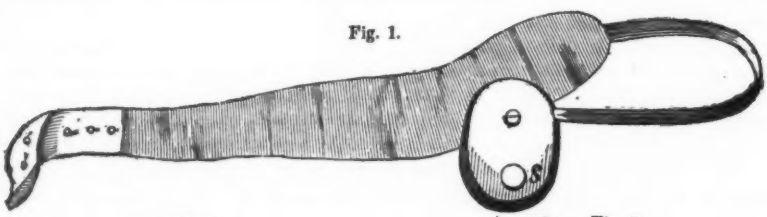


Fig. 4.

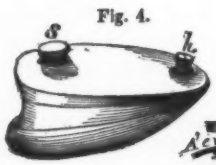


Fig. 3.

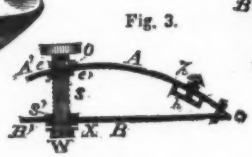
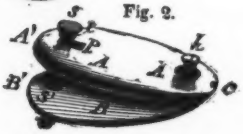


Fig. 2.



W X

Fig. 5.

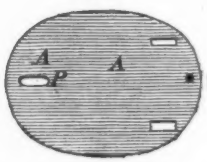
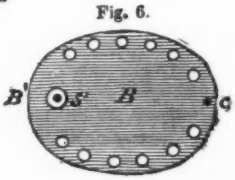


Fig. 6.



B and back AA varied, unless there be some provision by which one may yield to the changing position of the other: Mr. G. therefore cuts a slit along the back AA, as shown at P, so that the screw S is free to move in a direction to or from the rivet, and thereby accommodate itself to the varying position of the plate and pad. To prevent the screw S from being wholly drawn out of S, a wire pin is passed through its lower end, the end of the pin extending sufficiently over the opening as at X, or a button screwed or riveted on the end answers the same purpose, as shown at W. A series of holes are punched in the pad, plate Figure 6, with the view of removing superfluous metal and keeping it as light as possible. In the finished truss both the plate and back are covered with leather, as represented at Figure 4; the heads of the screw S, and that by which the spring is secured in the socket only being exposed.

Figure 1 represents the Truss complete. The following letter from Dr. Mott expresses his opinion of the merits of this instrument in very decided terms:—

"New York, Dec 3, 1845.

"Mr. Goulding:—*Dear Sir*,—It is with great pleasure I inform you, that I have just received from one of my particular friends, a most flattering account of the beneficial effects of your 'new Patent Truss.'

"He has been afflicted with an Inguinal Hernia on each side, for many years, and latterly with one at the navel also. He has tried a variety of the most improved Trusses of the day, without finding any one effectual until he made use of yours.

"Having the fullest confidence in his integrity and experience in Hernia from practical observation, I must from delicacy withhold his name. You have attained a great object in this combined improvement, for which I congratulate you. The successful adaptation of your Truss to my friend's case, encourages me to believe that it is well calculated to relieve the worst forms of Rupture.

"This improvement, with others you have made in the manufacture of Surgical Instruments, which I have had an opportunity of knowing, warrants me in recommending you to the Public and Medical Profession.

Very respectfully yours,
VALENTINE MOTT.

—

Copland's Dictionary.—Part XII. of the American reprint of this work has been published, and it will hereafter be issued at the rate of one number every two months, in order to give time for its completion in England. It has been received with universal favor, so far as we have heard, and in the remaining portions there will be found no falling off. We extract the following notice of the last part (X.) from the London Lancet:—

"Remarks of the kind are very trite, but we are forced to repeat, with the appearance of every part of this immense work, that viewed as a mere effort of labor, it is one of the most extraordinary that has ever appeared in the medical literature of this country, as a single-handed production. Dr. Copland has proved himself a paladin of the pen; when his dictionary has reached its full proportions, for which a few more parts will suffice, it will indeed be an intellectual pyramid. Looking at the thickset page, with its double columns, and diamond type, the multitudinous references, and copious bibliography, any one accustomed to literary labor must feel astounded at its being the work of one man. It could only have been wrought out by unwearied and pains-taking application, and the most careful husbandry of time. In one of the early parts of the work, in the

article on the Eye, we get an insight into the time it has taken the learned artificer to produce his work: he says:—"I have continued, for many years, to read or write from eight o'clock in the evening till two or three o'clock in the morning." Six or seven hours nightly, spent by the mass in pleasure, idleness, or sleep. This is truly spending the midnight oil; nothing but the hardest *physique* could have stood against such a perpetual moil, and left the worker hale and strong, as we believe is the fortunate lot of Dr. Copland."

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Works of Hippocrates and Galen.—We rejoice to learn that the venerable and learned Dr. John Redman Coxe, of Philadelphia, proposes, if 500 subscribers can be obtained, to translate for publication the selected works of Hippocrates and Galen, in two or three volumes, at $3 per volume. We know no one in the profession better qualified than Dr. Coxe to undertake such a work, and we trust the proposition will be responded to in a prompt and substantial manner by the profession generally. We enter our name for two copies.

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Necrology.—*James Johnson.*—There is no name in our profession more familiar to the American physician, or one more respected and influential as a medical writer, practitioner, and reviewer, than that of Dr. James Johnson, late editor of the Medico-Chirurgical Review. There is no individual, we may add, of the present age, in the profession, who has exerted so extensive and salutary an influence over medical opinions and practice, in both hemispheres, as Dr. Johnson; and now that we are called upon to record his death, we feel that one of the great lights of our science is extinguished, and that there is no living physician who can fully supply his place. There is no question, but that American practitioners are more indebted to this eminent writer, both in his capacity of author and reviewer, for correct views of the pathology and treatment of our prevailing diseases, especially those of the southern and western portions of our country, than to any other, we had almost said to all other, writers. We need but allude to his admirable works on "Tropical Climates," on "Indigestion," and his "Philosophy of Health," to say nothing of his Review, which, from its re-publication here, has had a very extensive circulation. Dr. Johnson, as we learn from the Medical Gazette of October 17th, expired at Brighton, on the 9th of October last, after a short illness, in the 69th year of his age.

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New Medical Work.—We are happy to learn that Dr. Horace Green of this city is about putting to press an original work on the Pathology and Treatment of Laryngeal and Bronchial Diseases, illustrated by appropriate engravings and wood-cuts. The chief aim of the publication, we understand, will be to set forth the advantages attending local cauterization of the larynx, after the manner of Trousseau and Beloc, as explained in a former Number of our Journal. From the known ability and extensive experience of Dr. Green, we have no doubt he will produce a work of great interest and value to the profession, and calculated to advance our knowledge in relation to this interesting class of diseases. As soon as it appears, we shall take much pleasure in giving a particular account of its contents.

—

The Lyceum of Natural History of New York.—This Society has recently removed its splendid cabinet into the building formerly known

as the "Stuyvesant Institute," in Broadway, now owned and occupied by the Medical Department of the University of the City of New York. Notwithstanding the pecuniary embarrassments which this society has labored under during the past few years, it is a matter of congratulation that it is finally relieved of all embarrassment, and that its magnificent museum has been preserved, and will continue to attract the attention and admiration of strangers and visitors, and be a source of instruction and gratification to our citizens generally. We are also rejoiced to learn that the Lyceum is about resuming the publication of its "Annals." The interesting papers contained in the former volumes of this work deservedly attracted the attention of the lovers of Nature, both in this country and in Europe; and we hope that the regular appearance of the work will not again be interrupted.

It may be known, perhaps, to our readers that this society does not confine itself to any one branch of natural science, but is a zoological, a botanical, a geological society, one and all of these at the same time; hence its adaptation to awaken general interest in its proceedings, and secure full attendance at its stated meetings. These are held every Monday evening at its rooms in the University Building, when papers are read, discussions held, and specimens exhibited. We trust that those members who formerly took an interest in its proceedings will again resume their attendance, and that the society, which has already done more to advance the progress of natural science in our country than perhaps any other, will long continue its laudable exertions in the same noble cause.

—

Second Volume of Ranking's Half-Yearly Abstract.—The second volume of this very valuable publication has just arrived, and will be immediately issued, and forwarded to all subscribers to the Journal who have paid in advance. Its execution, like that of the first, is admirable, and we know no work of the day that will at all compare with it in practical utility.

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Second Volume of Velpeau's Surgery.—The second volume of this great work is nearly through the press, and will be issued almost simultaneously with this number of the Journal. It will be found of a still more interesting and useful character than the first, Dr. Mott having contributed over one hundred pages of original matter, from his own pen, on the subject of hernia; besides having made very extensive additions on other subjects. No surgeon ought to be without a copy of this work in his library.

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Medical Classes.—The progress of medical education in this city for the last few years has been decidedly onward—and if the ratio of numbers in our two medical schools increases in the same proportion for the next five years, that it has in the five preceding, the year 1850 will find over 1000 medical students pursuing their studies in this metropolis. But to secure this, increased exertions will be required; and the clinical advantages of this great city must be better developed and made more available. Students who attend city schools, mainly for the opportunity of connecting clinical with didactic instruction, should be able to avail themselves of these advantages, to their full extent, and under the most favorable circumstances. The New York Hospital, as well as that at Bellevue,

combines all the elements necessary for the fullest clinical teaching, but we regret to know that the first is nearly neglected, and the latter altogether so, by those who resort here for the very advantages these institutions are said to hold forth.

We are informed by one of the hospital surgeons that during the entire month of November, but 14 out of over 600 students now in the city, took the hospital ticket, and up to the present time, Dec. 22, only 20 in all have taken the ticket. Now, we do not hesitate to say that New York can never compete with Philadelphia, as a place of medical education, so long as this state of things continues; and we tell our friends, the professors connected with both schools, and we are happy to number them all among our friends, that this state of things cannot continue without serious detriment to their interests, and a gradual falling off of the numbers of those who resort to them for medical instruction. Clinical lectures, at least twice a week, should be delivered in the New York Hospital by the professors of each school alternately, or by the attending physicians of the hospital; so that all the important diseases may be treated of, in connection with cases suitable for illustration: and this in addition to the weekly cliniques now held. The cases which occur at these cliniques are many of them interesting, but they are generally of a chronic character, and belong chiefly to a very few varieties of disease; it is acute diseases, and those of a severe form, that the medical student desires to be made acquainted with; their symptoms, diagnosis, treatment. If hospital privileges are not enjoyed, we see no advantages which city schools furnish over those of the country; and we fear that students will not consider them sufficient to compensate for the increased expenses incident to a city residence of four months' duration. Country schools have their *cliniques* as well as those of the city; that at Geneva Medical College furnished last year nearly fifty cases monthly, including most of the operations performed in surgery; and during the present season, they are sufficient to authorize the professor of surgery to publish a weekly bulletin of reports of several pages in pamphlet form, for distribution. We have frequently known patients brought from Canada, Michigan, Ohio, and various parts of Pennsylvania, to that institution for surgical treatment; and doubtless other country schools have also their proportion of similar cases.

Now it should be recollected that if a large city furnishes some advantages for the study of medicine, it has also its disadvantages (which are too obvious to need pointing out), and to overcome the latter, it is absolutely necessary that the former should be fully developed. Had they been so, we should now see at least 1000 students pursuing their studies in this city; and unless exertions are made to place New York in advance of Philadelphia in these respects, we may confidently look for a gradual falling off of numbers till they reach that point, when the rewards of teaching will not compensate for its labor.

We make these remarks in no unfriendly spirit: on the contrary, they are dictated by a sincere desire to see New York first in its medical schools, as it is first in commerce, first in enterprise, and first in population. We see here immense advantages—such as might make New York the Paris of America, and yet they are lost; allowed to remain undeveloped, while a sister city, with far less advantages, is taking the lead, and will continue to do so, until the Hospitals of New York be-

come great clinical schools, and their resources made available for the great and paramount objects of medical education.

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Suicide, when does it vitiate a Policy of Life Insurance?—It seems to us, that the phraseology of the policies of our different life insurance companies is not sufficiently precise and definite to prevent difficulties, in all cases of self-destruction. That, for example, of the "Mutual Benefit Life Insurance Company," of this city, reads thus, "or, in case he shall die by his own hand." Now, suppose a person kills himself in a fit of insanity or delirium tremens, is the policy void, or will the company expect to pay? A case of this kind has recently been litigated in England, and it was decided, very properly we think, that the act of suicide did not make the policy void. Would it not be well to have this matter fully understood, in order to prevent future misunderstandings?

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Vermont Asylum for the Insane.—We have received the *Ninth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane*, by which we learn that the institution, under the management of William H. Rockwell, M.D., is in a highly flourishing condition. The number of patients who have partaken of the benefits of the Asylum during the past year, amounts to a total of three hundred and sixty-two. Two hundred and four have been admitted, ninety-nine discharged, and two hundred and sixty-three remain. Of those discharged, fifty-nine recovered.

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Harison's Materia Medica and Therapeutics.—Since our former brief notice of the first volume of this work, the second has been received, which fully sustains the character of the first. We regret that we are unable in our present Number to give an analysis of the contents of the entire work; we must therefore be content, at present, to recommend it to our readers, as highly worthy their attentive perusal and study.

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Gross's Pathological Anatomy.—We have just received the 2d edition of the well known "*Elements of Pathological Anatomy*," by Samuel D. Gross, M.D., Professor of Surgery in the Medical Institute of Louisville, Ky. The work, we find, has been thoroughly revised, many parts re-written, and an amount of matter equal to 300 pages of the original introduced. The number of illustrations has been increased from 97 to 250; one-third of which are original—the remainder are selected from standard authorities. It is comprised in a ponderous volume, of 822 pages (large octavo), and gives a very comprehensive and accurate state of the science of which it treats, as it exists at the present time. We shall hereafter notice the work more at length; at present, we can only add, that we regard it as one of the most valuable medical works ever issued from the American press, and it does great honor alike to the author, and the country of his birth.

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Report of the Surgeon General, U.S.A.—We have just received a copy of the Report of the Surgeon General U.S.A., from which we gather the following results:—

"The number of officers and men remaining sick on the 30th September, 1844, was 620, and the number of cases of disease which have occurred within the

twelve succeeding months, is 22,496 ; making an aggregate of 23,116 cases of indisposition that have been under medical treatment since my last report.

" Of the whole number of sick reported, 22,091 have been restored to duty, 14 are on furlough, 168 have been discharged the service, 14 have deserted, and 78 have died ; leaving on the 30th of September, 751 still on the sick report.

" The mean strength of the army for the last 12 months being, according to the monthly returns in the Adjutant General's office, 8,590, and the number of cases of indisposition reported during the same period being 22,496, it will be perceived that the proportion of cases of disease to the number of officers and enlisted men in the service was 2.61 to 1, or that, on an average, each man was sick 2.61 times during the year ; that the ratio of deaths to the number of men was as 1 to 110.12, or 0.90 per cent. : and the proportion of deaths to the number of cases under treatment, as 1 to 295.07, or 0.33 per cent.

" A medical board for the examination of applicants for appointment to the medical staff of the army was convened in the city of New York on the 1st of July last. Before this board 15 candidates were invited to present themselves, 10 of whom only appeared and were examined ; and of these last, but 2 were approved and recommended for appointment.

" The meteorological observations at the various military posts have been somewhat interrupted by the total abandonment of some of the stations, and other contingencies growing out of a change of position of the troops ; but at those points which have been continuously occupied by troops the observations have been regularly taken."

The principal diseases, with the number of cases, are as follows :— Common continued fever, 94 ; intermittent (quotidian), 1,992 ; intermittent (tertian), 1,572 ; intermittent (quartan), 61 ; remittent fever, 298 ; typhus fever, 2 ; erysipelas, 33 ; rubeola, 12 ; scarlatina, 31 ; cholera, 160 ; colic, 378 ; diarrhœa, 2,323 ; dysentery (acute), 689 ; do. (chronic), 34 ; dyspepsia, 197 ; enteritis, 24 ; gastritis, 71 ; constipation, 835 ; tonsillitis, 234 ; bronchitis, 67 ; catarrh, 2,464 ; phthisis, 31 ; hæmoptysis, 18 ; pleuritis, 167 ; pneumonia, 75 ; cynanche, 230 ; cephalalgia, 777 ; delirium tremens, 154 : epilepsy, 48 ; neuralgia, 61 ; gonorrhœa, 421 ; orchitis, 83 ; syphilis (primary), 261 ; secondary, 69 ; rheumatism (acute), 738 ; (chronic), 200 ; phlegmon and abscess, 929 ; ulcer, 379 ; contusion, 1,291 ; subluxation, 490 ; burns, 101 ; incised wounds, 419 ; debility, 107 ; drunkenness, 577 ; hæmorrhoids, 138 ; hernia, 60 ; cutaneous diseases, 121 ; ophthalmia, 321. The ratio of deaths to the number of men, strikes us as very remarkable, 1 to 110.12.

Mr. Espy has collated the meteorological reports of the different army surgeons, for the months of January, February and March, stationed in various places remote from each other, and has deduced the following generalizations, for those months :—

" 1st. The rain and snow storms, and even the moderate rains and snows, travel from the west towards the east, in the United States during the months of January, February and March, which are the only months yet investigated.

" 2d. The storms are accompanied with a depression of the barometer near the central line of the storm.

" 3d. This central line of minimum pressure is generally of great length from north to south, and moves side foremost towards the east.

" 4th. This line is sometimes nearly straight, but generally curved, and most frequently with its convex side towards the east.

" 5th. The velocity of this line is such, that it travels from the Mississippi to the Connecticut river in about twenty-four hours ; and from the Connecticut to St. John's, Newfoundland, in nearly the same time, or about thirty-six miles an hour.

"6th. When the barometer falls suddenly in the western part of New England, it rises at the same time in the valley of the Mississippi, and also at St. John's, Newfoundland.

"7th. In great storms, the wind, for several hundred miles on both sides of the line of minimum pressure, blows towards that line, directly or obliquely.

"8th. The force of the wind is in proportion to the suddenness and greatness of the barometric depression.

"9th. In all great and sudden depressions of the barometer, there is much rain or snow; and in all sudden great rains or snows, there is a great fluctuation of the barometer.

"10th. Many storms are of great and unknown length from the north to the south, reaching beyond our observers on the Gulf of Mexico and on the northern lakes, while their east or west diameter is comparatively small. The storms, therefore, move side foremost.

"11th. Most storms commence in the 'far west,' beyond our most western observers; but some commence in the United States.

"12th. When a storm commences in the United States, the line of minimum pressure does not come from the 'far west,' but commences with the storm, and travels with it towards the east.

"13th. There is generally a lull of wind at the line of minimum pressure, and sometimes a calm.

"14th. When the wind changes to the west, the barometer generally begins to rise.

"15th. There is generally but little wind near the line of maximum pressure, and on each side of that line the winds are irregular, but tend outwards from that line.

"16th. The fluctuations of the barometer are generally greater in the northern than in the southern parts of the United States.

"17th. The fluctuations of the barometer are generally greater in the eastern than in the western parts of the United States.

"18th. In the northern parts of the United States, the wind, in great storms, generally sets in from the north of east, and terminates from the north of west.

"19th. In the southern parts of the United States the wind generally sets in from the south of east, and terminates from the south of west.

"20th. During the passage of storms, the wind generally changes from the eastward to the westward by the south, especially in the southern parts of the United States."

Mr. Espy observes that—

"In the summer months, there is one great feature of the storms of the winter months wanting; that is, their great size. In the summer the rains are quite local; and though, like the winter storms, each rain appears to progress towards the east from the place of beginning, yet, from want of size and continuity over a great space, they are not so easily traced.

"I shall, therefore, not attempt to deduce any generalizations for the summer storms, until all the journals which may be received for several years shall have been collated.

"In conclusion, I will venture to deduce two other generalizations, as applicable to the storms of January, February, and March.

"21st. The northern end of the line of barometric minimum generally moves faster towards the east than the southern end.

"22d. The maxima and minima of the thermometer move towards the east with the storms."

Case of Intussusception.—(Communicated in a letter to the Editor, by A. B. Shipman, M.D., of Cortlandville, N. Y.)

"A child of Norman Olive, six months old, was taken, at 8 o'clock on Friday evening, crying violently, for which the mother gave a large dose of Godfrey's

cordial, and repeated it in half an hour, when the child got easy, and fell asleep, and was quiet all night. Saturday morning the child seemed feverish and cried some. The mother gave castor oil, but it was rejected. I saw it at 12, M., Saturday. It was vomiting every few minutes, simply, the drinks which it had taken. There was no fever or unnatural fulness of the bowels; countenance tranquil, and disposed to play in the intervals of vomiting; no movement of the bowels since taken; ordered enemata; small doses of calomel repeated once in two hours, until dejections were produced. Evening.—The injections and calomel have procured no stools, and as there appeared some uneasiness, a little syrup of morphia was given.

"*Sunday Morning.*—The child had slept quiet through the night, but vomits this morning on giving it drinks or nourishment; gave ol. ricini and calomel, which it retained. Enemata of large size often repeated, but no stools procured. It is remarked that it vomits everything in the shape of food or drinks, but uniformly retains medicines. Noon.—Is tranquil, but no operation of physic; bowels soft, and it does not flinch on pressure. Continue the medicines—the calomel, oil, and enemata. Evening, 10 o'clock.—No change, except she seems calm; skin rather below the natural temperature; no unnatural fulness of the abdomen; no apparent tenderness on pressure; it seems languid and torpid, but smiles and plays by caressing it; has not vomited since noon. It continued to grow more cool and languid, but without any apparent pain, and died at 3 A.M. Monday morning, after taking it out of a warm-bath, fifty-five hours after the first appearance of the disease.

"I have said nothing of the pulse in this case, as in a patient at this age there is little to be gathered from it, but it was noted in this child frequently, and differed but little from the healthy standard, until Sunday evening, when the extreme depression which rendered it scarcely perceptible, and the increasing coolness of the skin, told too plainly that death was not far distant.

"But what was the Diagnosis in this case? *Intussusception, Strangulation!* There were certainly two symptoms indicating such a state of things—but then there were many negatives in the way. But an *Autopsy* cleared up the matter at once, to the no small relief of a well meaning, though ignorant woman of the neighborhood, who had on Sunday evening plied the patient with a dose of Thompsonian medicine, and as it died in a short time after it, a doubt arose in her mind, and also of the mother's (who were the only ones who knew of it), whether the medicine did not kill the child outright. This they took good care to keep to themselves until the autopsy had revealed the true cause of its death.

"*Post Mortem Examination.*—Four hours after death.—There was no unnatural fulness or distension of the abdomen; no decomposition of the body; adeps an inch thick over abdomen; a few ounces of serum in peritoneal cavity; no appearance of disease of any of the organs; no marks of inflammation in peritoneum or intestines; which were moderately filled with gas, but empty. *Stomach* empty and healthy, except the vessels which were injected in patches; *liver*, *spleen* and *pancreas*, healthy. A small knot was felt in the right ileac region; it proved to be about eight inches of the small intestine which had passed through the *ileocœcal* valve, and had completely obstructed the passage. It was easily pulled out, as no adhesions had formed there. All that portion invaginated was of a bright red, yet it was far from being in a state of gangrene, nor had it thrown out lymph. I have the preparation in my possession."

TO THE PATRONS

OF THE

NEW YORK JOURNAL OF MEDICINE.

Our next Number will complete the sixth volume of "The New York Journal of Medicine and the Collateral Sciences." It has at length attained such a circulation and standing in the profession, that its continuance is fully ensured. Recent and extraordinary tokens of favor, which the work has received from every part of the country, would seem to justify a departure from our ordinary course, and demand a public acknowledgment of thanks, both on the part of Publisher and Editor. Such an acknowledgment is, therefore, hereby tendered to one and all, who have given us their names either as contributors or subscribers, and who have pledged their exertions for its continued success. It gives us unfeigned satisfaction to announce that the increase of our subscription list since the 1st of January, 1846, has been such as to warrant the belief that, in a comparatively short period, it will favorably compare with, if it does not surpass, that of the most flourishing medical periodical of the country; and our array of collaborators will, it is believed, not suffer, even at the present time, in comparison with that of any other similar journal. We do not say this in a spirit of vain-boasting, but to meet the objections which even still continue to be raised, that *a medical journal cannot be sustained in the City of New York*. It is but a day or two since our publisher received a letter from a distinguished physician of Boston, in which he apologized for not taking our journal, by saying that he believed it impossible for a medical periodical to live in this city. The issue of six consecutive volumes of this work, it would seem, ought to suffice to set this question at rest; but there are some who, we presume, would still doubt, were "The New York Journal of Medicine" to make its regular bi-monthly appearance for the next half-century, were they to live as long. A word as to the plan of conducting the Journal. Since the present Editor has had the superintendence of the work (chiefly from November, 1844), he has constantly aimed to give its pages a *practical character*—to furnish such matter, original and selected, as would be acceptable to the practising physician and surgeon. Abstruse and learned essays, of a theoretical character purely, have not been solicited, but short and pithy communications relative to the causes, pathology, and treatment of our ordinary diseases, together with interesting cases, in medicine and surgery, calculated to illustrate important principles, or aid the practitioner under difficult

and embarrassing circumstances. This plan will be continued. We have allowed a wide latitude of discussion, and the freest expression of opinion, especially under the head of "critical notices," believing that truth is best elicited by such a course. We take this opportunity, once for all, to state that we do not hold ourselves responsible for the opinions expressed by our contributors; it is enough for us to be responsible for our own. All we feel authorized in doing, under our editorial prerogative, is to suppress everything manifestly wrong, or of a personal nature, while we give free scope to discussion and critical disquisition, of which our present Number furnishes a striking example. The Journal will continue to maintain not merely a nominal, but actual independence;—whenever it becomes the organ of a party or a clique, that moment let it perish.

We respectfully solicit contributions from our subscribers and the profession generally, and, in return, pledge our best exertions to render the Journal a useful and welcome visitor.

THE EDITOR.

New York, March 1st, 1846.

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Art. XVI.—A Practical Treatise on Healthy Skin, with Rules for the Medical and Domestic Treatment of Cutaneous Diseases. By Erasmus Wilson, F.R.S., Lecturer on Anatomy and Physiology in Middlesex Hospital, etc. With steel engravings. New York: Appleton & Co. 12mo., pp. 263, ... *ib.*

Art. XVII.—Elements of Pathological Anatomy, illustrated by colored Engravings and 250 Wood-cuts. By Samuel D. Gross, M.D., Professor of Surgery in the Medical Institute of Louisville, Kentucky, etc., Third edition, thoroughly revised and greatly enlarged. Large 8vo., pp. 822. Barrington & Haswell, Philadelphia. 1846, . . 262

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TO READERS AND CORRESPONDENTS.

SEVERAL articles in type have been crowded out of our present number, among which is one by Dr. Dowler, "Obstetriciana;" one by Professor Williams, on "Medical Botany;" one by Dr. Monell, "Select Cases;" and the continuation of the Editor's article on "Typhus and Typhoid Fevers, etc."

Dr. Dowler's valuable essay on "The Reflex System," etc., was received after the present number was made up; we shall endeavor to find room for it in our next. Also for "The Recent Proceedings of the New York Medical and Surgical Society," with various other articles on hand.

We have received, since our last, the following works:—

Elements of Surgery. By ROBERT LISTON. Fourth American Edition. By SAMUEL D. GROSS, M.D., Professor of Surgery in the Medical Institute of Louisville. Illustrated with numerous engravings. Barrington & Haswell, Philadelphia. 8vo., pp. 664. 1846. (From the Publishers)

Natural History and Diseases of the Human Teeth. By JOSEPH FOX, M.R.C.S.L., etc. First American from third London Edition. Remodelled, with an Introduction and numerous additions, by CHAPIN A. HARRIS, M.D., DD.S., Professor in the Baltimore College of Dental Surgery, etc. Illustrated with thirty plates. Philadelphia: Barrington & Haswell. Large 8vo., pp. 440. 1846. (From the Publishers.)

A Manual of the Diseases of the Eye; or, Treatise on Ophthalmology. By S. LITTELL, JR., M.D., one of the Surgeons of Wills Hospital. Second Edition, revised and enlarged. Philadelphia: Hogan & Thompson. 12mo., pp. 372. 1846. (From the Publishers.)

Phrenology Examined. By P. FLOURENS, Member of the French Academy, etc. Translated by C. D. L. MEIGS, M.D. Philadelphia: Hogan & Thompson. 12mo., pp. 144. 1846. (From the Publishers)

Explanations: A Sequel to "Vestiges of the Natural History of Creation." By the Author of that work. New York: Wiley & Putnam. 1846. 12mo., pp. 143. (From the Publishers.)

The Young Stethoscopist; or, The Student's Aid to Auscultation. By HENRY L. BOWDITCH, M.D. New York: J. & H. G. Langley. 1846. 12mo., pp. 278.

The Chronic Diseases: their Specific Nature and Homœopathic Treatment. By DR. SAMUEL HAHNEMANN. Translated by C. J. HEMPEL, M.D. Vol. IV. 12mo., pp. 378.

The Practical Astronomer, etc. By THOMAS DICK, LL.D. Illustrated by 100 engravings. New York: Harper & Brothers. 1846. pp. 436.

Illustrations of Modern Mesmerism, from Personal Investigation. By JOHN FORBES, M.D., F.R.S. London: 1845. 18mo., pp. 101.

A Dictionary of Practical Medicine, etc. By JAMES COPLAND, M.D. Edited by C. A. LEE, M.D. Vol. I. 8vo., pp. 1254. And Part XII., pp. 144.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, etc. By ROBERT HOOPER, M.D. Third American Edition. New York: J. & H. G. Langley. 18mo., pp. 250.

Homœopathy, Allopathy, and Young Physic. By JOHN FORBES, M.D, F.R.S. London: 1846. 8vo., pp. 433. (From the Author.)

Report of the Pennsylvania Hospital for the Insane, for the year 1845. By THOMAS S. KIRKBRIDE, M.D., Physician to the Institution. Philadelphia: 1846. pp. 56. (From the Author)

Account of a Case of External and Internal Cephalhæmatoma, etc. By CHARLES WEST, M.D., Lecturer on Midwifery at the Middlesex Hospital, etc. London. 8vo., pp. 15. (From the Author.)

Report on the Progress of Practical Medicine in the Department of Midwifery and the Diseases of Women and Children, during the years 1844-45. By CHARLES WEST, M.D., etc. London. 8vo., pp. 44. (From the Author.)

Fragments of Medical Science and Art. An Address delivered before the Boylston Medical Society of Harvard University. By HENRY JACOB BIGELOW, M.D., President of the Society. Pp. 54. (From the Author.)

Lecture on the Necessity of the Study of Physiology. Delivered before the American Institute of Instruction, at Hartford, Aug. 22, 1845. By E. JARVIS, M.D., of Dorchester, Mass. (From the Author.)

Sources, Evils and Corrections of Professional Discontent. An Introductory Lecture, by JOHN P. HARRISON, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio. 8vo., pp. 18. (From the Author.)

Introductory Address delivered before the Class of the Albany Medical College, at the Commencement of the Session 1845–6. By E. EMMONS, M.D., Professor of Obstetrics and Natural History. 8vo., pp. 24.

Lecture on Medical Obedience. Introductory to the Course of Theory and Practice of Medicine in the Medical Department of Pennsylvania College. Philadelphia: 1845–6. By WILLIAM DARRACH, M.D. pp. 15.

Physical Education and the Preservation of Health. By JOHN C. WARREN, M.D, Boston. 1846. 18mo., pp. 90.

New Elements of Operative Surgery. By ALF. A. L. M. VELPEAU, Professor of Surgical Clinique, &c., &c. Carefully revised, entirely remodelled, and augmented with a Treatise on Minor Surgery. Illustrated by over 300 engravings; accompanied with an Atlas, in quarto, of twenty-two plates. First American, from the last Paris Edition. Translated by P. S. TOWNSEND, M.D., &c.; augmented by several hundred pages of New Matter, under the supervision of, and with Notes and Observations by, VALENTINE MOTT, M.D., &c., &c. In three volumes. Vol. II. New York: J. & H. G. Langley. 1846. 8vo., pp. 1092. (From the Publishers.)

Lectures on the Operations of Surgery, and on Diseases and Accidents requiring Operations. By ROBERT LISTON, Esq., F R.S., with numerous additions, by THOMAS D. MUTTER, M.D., Professor of Surgery in Jefferson Medical College, etc. Philadelphia: Lea & Blanchard. 8vo., pp. 565. (From the Publishers.)

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On Diseases of the Liver. By GEORGE BUDD, M.D., F.R.S., Professor of Medicine in King's College, etc.; with colored plates and numerous woodcuts. Philadelphia: Lea & Blanchard. 8vo., pp. 392. 1846. (From the Publishers.)

Half-Yearly Abstract of the Medical Sciences; being a Practical and Analytical Digest of the contents of the principal British and Continental Medical Works published in the preceding six months; together with a series of Critical Reports on the Progress of Medicine and the Collateral Sciences during the same period. Edited by W. H. RANKING, M.D., Cantab., etc. Part II., Vol. I. July—December, 1845. Pp. 373 New York: J. & H. G. Langley, 8 Astor House. (From the Publishers.)

A Practical Treatise on Healthy Skin; with Rules for the Medical and Domestic Treatment of Cutaneous Diseases. By ERASMUS WILSON, F.R.S., Lecturer on Anatomy and Physiology in Middlesex Hospital, etc. With steel engravings. New York: Appleton & Co. 12mo., pp. 263. (From the Publishers.)

Elements of Pathological Anatomy; illustrated by colored engravings and 250 woodcuts. By SAMUEL D. GROSS, M.D., Professor of Surgery in the Medical Institute of Louisville, Kentucky, etc. Second edition, thoroughly revised, and greatly enlarged. Large 8vo., pp. 822. Philadelphia: Barrington & Haswell. 1846. (From the Publishers.)

Third Annual Report of the Managers of the State Lunatic Asylum. January, 1845. 8vo., pp. 61.

Fourth Annual Report of the Legislature relating to the Registry and Return of Births, Deaths and Marriages, in Massachusetts, for the Year ending April 30th, 1845. By JOHN G. PALFREY, Secretary to the Commonwealth, with a letter to the Secretary, by LEMUEL SHATTUCK, Esq. Pp. 106.

An Introductory Lecture, delivered by GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children, in the New York University Session, 1845–6. 8vo., pp. 16.

We have received catalogues from Bowdoin, Yale, Berkshire Medical Institution, Geneva Medical College, Western Reserve College at Cleveland, Willoughby Medical College, for Session 1845–6; and the Medical Department of Transylvania University, Session 1845–6.

The following Medical Journals have been received in Exchange:—
The Dublin Medical Press.
The Dublin Journal of Medical Science, &c.
The London and Edinburgh Monthly Journal of Medical Science.
The Provincial Medical Journal.
The London Medical Gazette.
The American Journal of the Medical Sciences.
The Illinois Medical and Surgical Journal.
The New Orleans Medical Journal.
The Boston Medical and Surgical Journal.
The Western Journal of Medicine and Surgery.
The St. Louis Medical and Surgical Journal.
The Medical News.
The Philadelphia Medical Examiner.
The Bulletin of Medical Science.
The Southern Medical and Surgical Journal.
The Montreal Medical Gazette.
Silliman's Journal of the Arts and Sciences.
The American Journal of Pharmacy.
The American Journal and Library of Dental Science.
The American Journal of Insanity.
The Buffalo Medical and Surgical Journal.
The Southern Journal of Medicine and Pharmacy.

☞ All letters in regard to the *business* department of the Journal, and all remittances of money, should be addressed *exclusively* to the Publishers, J. & H. G. Langley; but books for Review, and Communications designed for publication, should be directed, *free of expense*, to the Editor of the New York Journal of Medicine, care of J. & H. G. Langley, New York. Persons at a distance, may direct parcels paid as above, under care of Barrington and Haswell, Philadelphia; W. D. Ticknor & Co., Boston; and Wiley and Putnam, London.

☞ *Erratum in Velpeau.*—We are requested, by Dr. Mott, to correct an important typographical error in vol. ii., American edition of Velpeau's Surgery. In page 304 (first paragraph), it reads "just *after* it had passed," whereas, it ought to be "just *before* it had passed."—Ed.